October, 1955

Canadian Hospital

Montreal General Hospital:

- *Historical reflections*
- *Its new hillside site*
- *Medical point of view*
- *Administrative aspects*
- *Psychiatric night treatment centre*
- *Increased service in dental clinic*

Canadian Hospital Association

Operator at left presses buttons to automatically unload one of four Cascade Unloading Washers with Full-Automatic Controls. At right, two labor-saving Notrux Extractors. Pleasant working conditions encourage maximum production, reduce labor turnover.

new Montreal General Hospital starts new life with old friend—Canadian!

The Montreal General Hospital has been a user of Canadian Laundry equipment since 1916! Naturally, when they built their new 761-bed hospital, Canadian equipment was included in their laundry plans.

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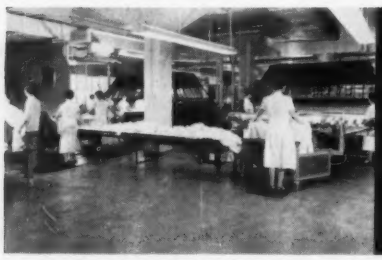
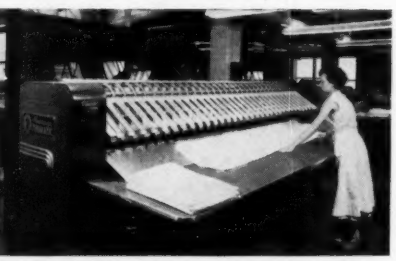
When you plan a new laundry installation, or the modernization of your present facilities, call in Canadian. Your Canadian Laundry Consultant will survey your clean linen requirements, recommend most efficient laundry layout—all without cost or obligation to you. Write or call for his services—today!



Work moves at a constant flow in Montreal Hospital's modern laundry. From Rotaire Conditioning Tumbler at left, large flatwork is fed by conveyor to Sager Spreader at 8-Roll Super-Sylon Ironer, foreground. Small flatwork goes by conveyor to feeders at 6-Roll Streamline Ironer at left.

Stackrite Stacker automatically stacks small flatwork from Streamline Ironer, for fast, automatic folding on Foldmaster Folder in foreground. The Foldmaster is easily adjustable to fold different size pieces.



Here, operator prepares to crossfold and stack sheets as they come from Trumatic Automatic Folder at delivery side of Super-Sylon Ironer. The one receiving operator handles entire output of Ironer.

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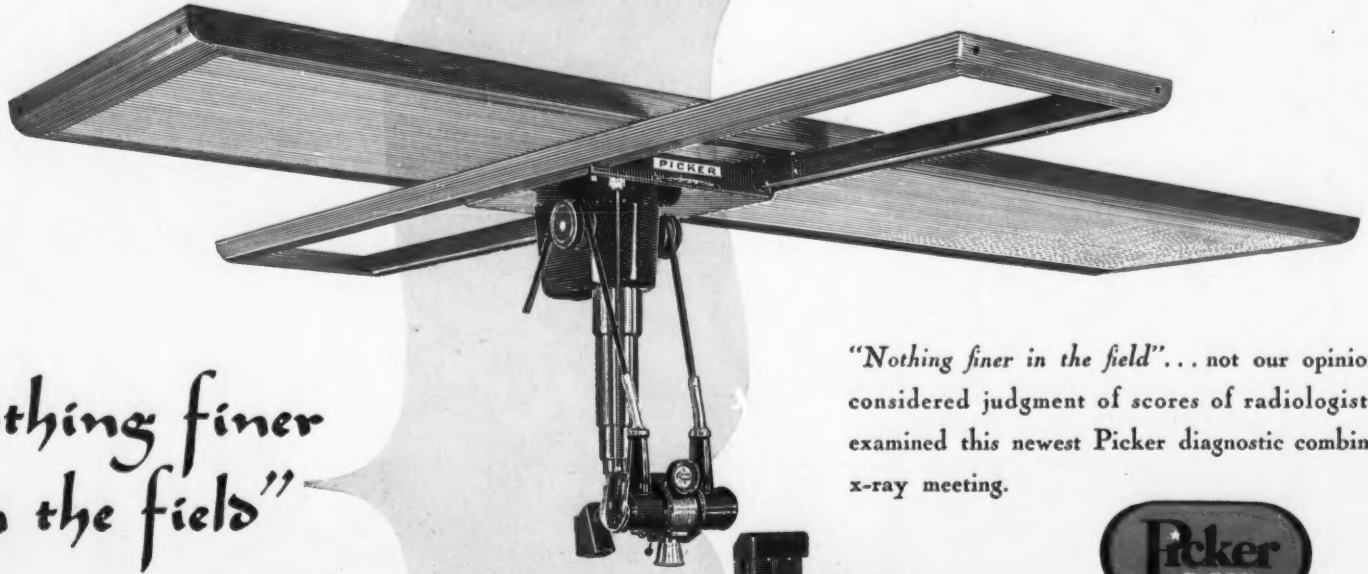

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PICKER "CONSTELLATION" X-RAY TABLE

Contents

Vol. 32 **OCTOBER, 1955** No. 10

(For Subscription Rates, see Page 146)

Canadian Hospital Association

The Federation of Hospital Associations in Canada and the Canadian Medical Association, in co-operation with the Federal and Provincial Governments and voluntary non-profit organizations in the health field.

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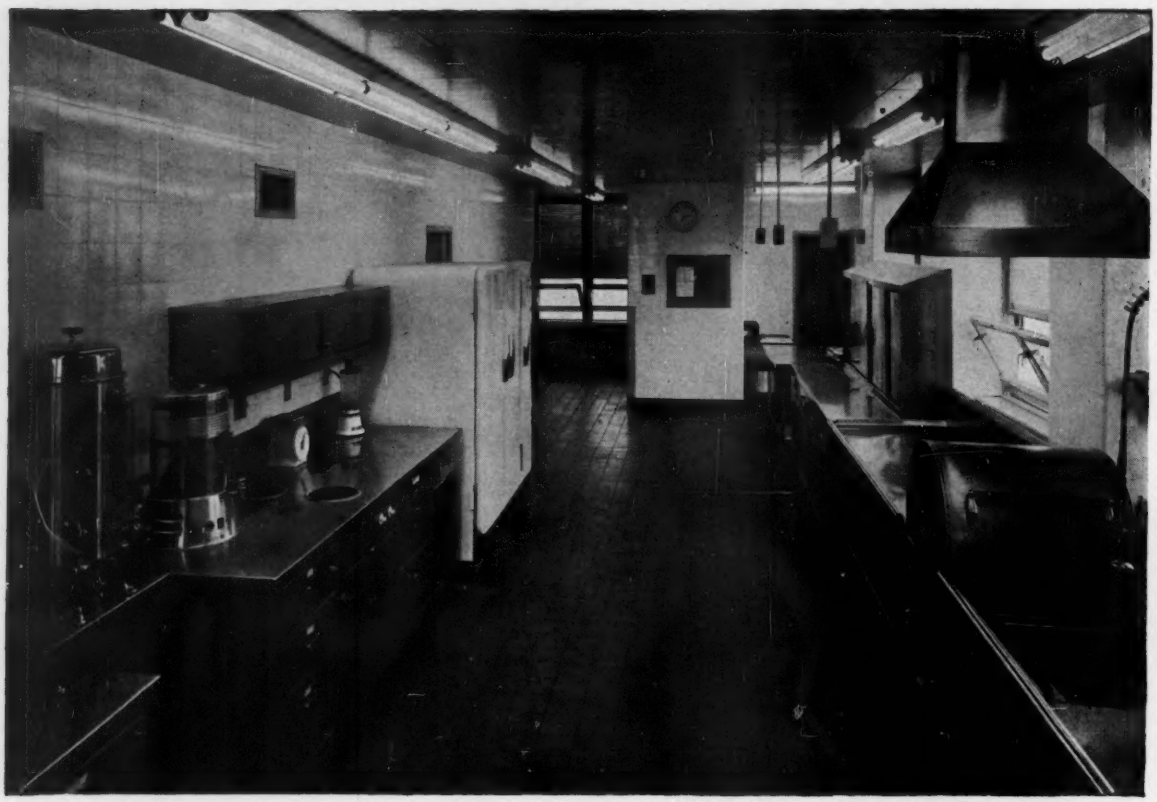

One of the kitchens of the new Montreal General Hospital.

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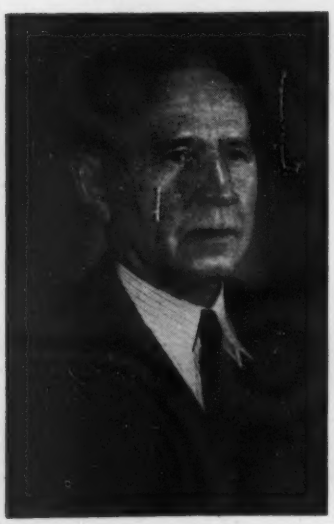
◂ Notes About People ▸

The Treasurer of the Canadian Hospital Association

(This is the fourth of a series of biographical notes, introducing officers and directors of the Canadian Hospital Association for 1955-57—Edit.)

Dr. A. Lorne C. Gilday of Montreal was a member of the original group who founded the Canadian Hospital Council in 1931 and has been continuously one of its most diligent workers. Since 1946 he has been treasurer and, in this capacity, has given most generously of his time and effort to the financial affairs of the association.

As superintendent of the Western Division of the Montreal General Hospital (formerly known as the Western Hospital) from 1923 until his retirement in 1950, Dr. Gilday had a long and distinguished career in hospital administration. A graduate of McGill at the age of 22, he was appointed to the resident medical staff of the Montreal General Hospital. During World War I he went overseas as medical officer of the 87th Battalion and, in 1917, was appointed Officer Commanding the 13th Field Ambulance with the rank of Lieutenant-Colonel.



Dr. A. Lorne C. Gilday

He was awarded the distinguished service order for valour in the field and, having been wounded, returned to Canada in 1918. He served as assistant director of medical services until his demobilization in 1919. In that postwar year when the influenza epidemic swept the country, Dr. Gilday was placed in charge of the Emergency Hospital which was set up in the Grenadier Guards Armouries. During World War II, Dr. Gilday served the Montreal General Hospital as acting general superintendent for three years, as well as managing the Western Division.

Dr. Gilday's influence, and the benefits of his balanced thinking and sage opinions, extended far beyond the walls of his own hospital. He was secretary of the Montreal Hospital Council from its inception in 1926 until 1950, where he played a major part in co-ordinating the policies and activities of its member hospitals. He was also active in developing the Quebec Hospital Services Association and is a life member of the American Hospital Association. He is a member of the Canadian Commission on Hospital Accreditation and was its first chairman. He is a member of the University Club, a life member of the Montreal Amateur Athletic Association, and a past president of the Garden Club.

Well known to hospital people of Canada, Dr. Gilday is noted for his pointed brevity of speech, which is interspersed with a dry sense of humour, for his warm personality and friendly manner.

In recognition of his outstanding contribution to the hospitals of Canada, Dr. Gilday was presented with the George Findlay Stephens Memorial Award in 1951. Since retirement as administrator of the Western Division of the Montreal General Hospital, Dr. Gilday divides his time between Montreal, his summer home in the Laurentians, and visits to Florida, Bathurst, N.B., and Toronto. Regardless of where he is, he can be counted upon to watch carefully the affairs of the Association.

Dr. Alan B. Noble Appointed to Royal Victoria Hospital, Montreal

Dr. Alan B. Noble of Kingston, Ont., has been appointed anaesthetist-in-chief of the Royal Victoria Hospital, Montreal, P.Q., and will assume his new duties in November. Presently Dr. Noble is chief anaesthetist at the Hotel Dieu Hospital, Kingston, Ont., and a lecturer at Queen's University. He was graduated in medicine from the University of Toronto and took his training in anaesthesia in various hospitals in Montreal. In his new position Dr. Noble succeeds Dr. F. A. H. Wilkinson who has resigned because of ill health.

* * * *

Sr. Mary James Now Administrator Holy Family Hospital, Prince Albert

Sister Mary James

Sister Mary James, formerly business secretary and assistant administrator, St. Vincent's Hospital, Vancouver, B.C., is now administrator of Holy Family Hospital, Prince Albert, Sask. Sister Mary James is a graduate of the Canadian Hospital Association extension course in hospital organization and management.

* * * *

Phillip Sheridan Appointed Administrator at Weyburn, Sask.

Phillip A. Sheridan, formerly a hospital administration consultant with the Department of Public Health, Regina, Sask., has been appointed administrator of the Weyburn Union Hospital, Weyburn, Sask. Mr. Sheridan was graduated with a bachelor of science

(Continued on page 16)

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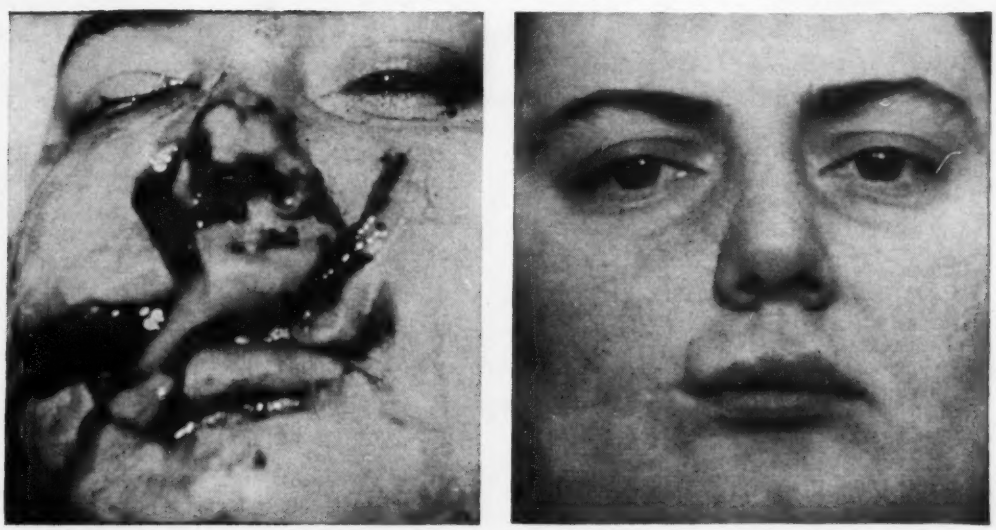
*Straith, C. L., and Straith, R. E., Detroit, Michigan: Postgrad. Med. *14*:165, Sept., 1953.



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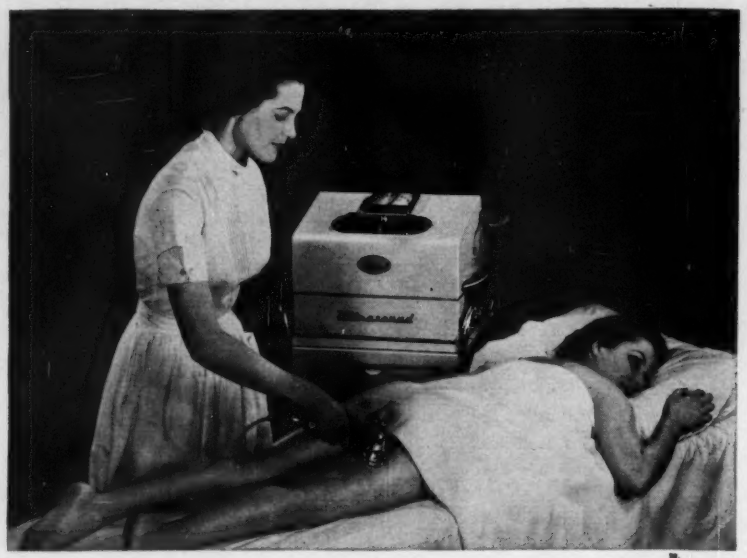

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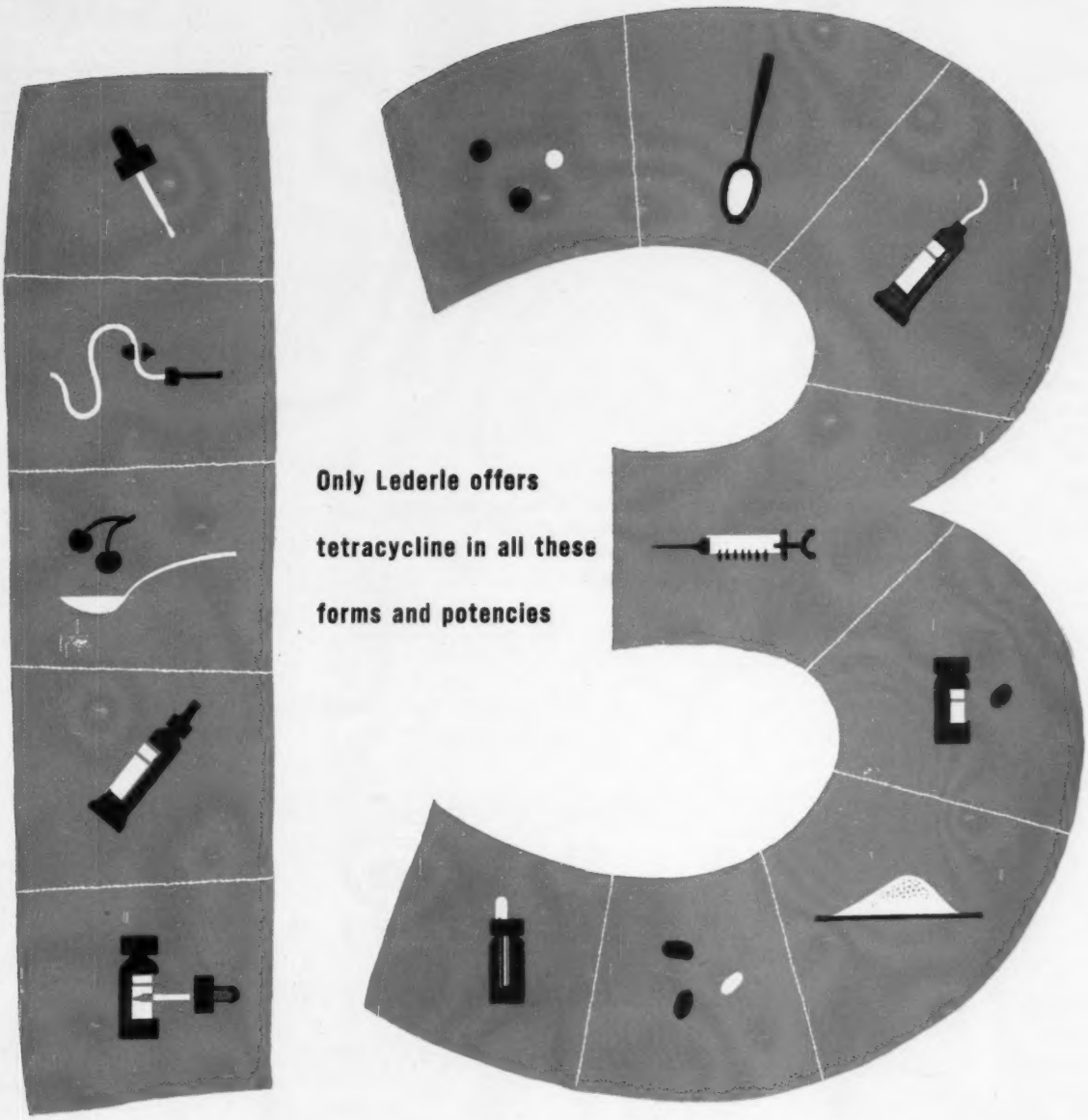

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OPHTHALMIC OINTMENT (1%): ⅛ oz. tube

OPHTHALMIC SOLUTION: Vial of 25 mg. with sterilized dropper vial

EAR SOLUTION (8.5%): 10 cc. dropper bottle

SYRUP (Cherry Flavor): 125 mg. per teaspoonful (5 cc.) 2 oz. bottle

*REG. TRADE-MARK

Notes About People

(Continued from page 12)

degree in pharmacy from the University of Saskatchewan, Saskatoon. Later, he enrolled in the post-graduate course in hospital administration at the University of Toronto, serving his administrative residency at the Toronto Western Hospital. Mr. Sheridan assumed his new duties on September 1st.

* * * *

New Appointment at Royal Victoria

Geneva Purcell has been appointed supervisor of nursing of the Women's Pavilion of the Royal Victoria Hospital, Montreal, P.Q. Miss Purcell is a native of Kemptville, Ont., and was graduated from the Royal Victoria School of Nursing in 1935. She served on the staff of the Royal Victoria until 1945, when she became superintendent of the Brockville General Hospital, Brockville, Ont., a post she held until 1949. In 1953, Miss Purcell obtained a bachelor of nursing degree from McGill University. Before assuming her new duties at the beginning of September, she was administrative assistant to the director of nursing of the Royal Victoria Hospital. Miss Purcell succeeds Caroline V. Barrett, who retired recently.

* * * *

Director of Nursing Appointed at Queen Mary Veterans' Hospital

The Department of Veterans Affairs, Ottawa, has announced the appointment of Lucille Cote as director of nursing at Queen Mary Veterans' Hospital, Montreal, P.Q. Miss Cote is a graduate in public health nursing and arts from the University of Montreal and obtained a Master of Arts degree in nursing education from Columbia University, New York City, in 1953. Since that time she has been an instructor at the University of Montreal.

* * * *

Harvey M. Radey, Jr. Receives New Appointment

Harvey M. Radey, Jr., has been appointed administrator of the Eastern Memorial Hospital, Ellsworth, Maine, and has assumed his new duties. The hospital is under construction at the present time and will be the central unit in the Maine Coast Medical Centre. Mr. Radey is a graduate of the post-graduate course in hospital administration at the University of Toronto. Prior to his present appointment he was director, hospital administrative services, Blockley Division, Philadelphia General Hospital, Philadelphia, Penn.

* * * *

Dr. J. A. Matheson To Become Medical Superintendent

Dr. J. A. Matheson of Gull Lake, Sask., will become medical superintendent of the Moose Jaw Union Hospital, Moose Jaw, Sask., when the hospital's new $2,000,000 wing is opened. Dr. Matheson has been a general practitioner for 25 years.

* * * *

Doreen Brice Receives Scholarship

Doreen Brice, formerly supervisor of the orthopaedic ward at the Saskatoon Sanatorium, Saskatoon, Sask., has been awarded a 1955 British Commonwealth and Empire Nurses' War Memorial Fund Scholarship. Miss Brice is now in the United Kingdom where she will spend a year studying tuberculosis, specializing in the nursing care of pa-

(Concluded on page 18)

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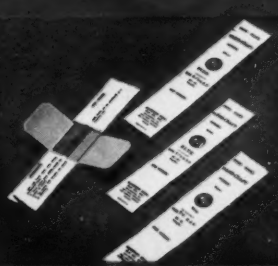

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Notes About People

(Concluded from page 16)

tients undergoing thoracic surgery. A native of Central Butte, Sask., Miss Brice is a graduate of the Regina Grey Nuns' Hospital School of Nursing and has also studied at the University of Saskatchewan.

* * * *

Dr. K. P. Strickland Receives Award

Dr. Kenneth P. Strickland, department of biochemistry, University of Western Ontario, London, Ont., has received one of the 1955 Lederle Medical Faculty Awards. The award of $18,550 is for a three-year period. The grant to Dr. Strickland is one of 19 given this year to outstanding medical school teachers and researchers for the purpose of supplementing salaries or to help schools fill teaching or research positions.

* * * *

Helen McArthur Honoured

Helen McArthur, national director of nursing services of the Canadian Red Cross Society, who is at present serving in Korea as associate co-ordinator of relief for the League of Red Cross Societies, has been honoured by the Korean Red Cross Societies. A newly renovated nurses' residence at the Seoul Red Cross Hospital has been named McArthur Hall in her honour. Miss McArthur has been in Korea since July, 1954.

* * * *

Dr. R. E. Valin, 50 Years of Service Recognized

Tribute was paid recently to Dr. R. E. Valin, surgeon-in-chief of Ottawa General Hospital, for his 50 years of surgical and administrative service. Dr. Valin, who has spent his entire medical career at the Ottawa hospital, was honoured at a reception and dinner and presented with a gift. He is a fellow of the Royal College of Physicians and Surgeons of Canada, the American College of Surgeons, and the College of Surgeons of France.

* * * *

A. J. MacDonald Honoured

A. J. MacDonald, president of the board of directors of Glace Bay General Hospital, Glace Bay, N.S., was honoured recently for his more than 40 years of service in hospital work. Presentation of a tri-light floor lamp on behalf of the Cape Breton Regional Hospital Association was made to Mr. MacDonald at a student nurses' capping ceremony. In the presentation speech the board president was referred to as the "Mr. Hospital" of Cape Breton.

• James R. Phythian has joined the staff of the Greater Niagara General Hospital, Niagara Falls, Ont., as chief technologist. Formerly, Mr. Phythian was in charge of the laboratory at the Douglas Memorial Hospital, Fort Erie, Ont.

• Crystal Fallis, formerly assistant superintendent of the Port Hope Hospital, Port Hope, Ont., recently became superintendent of the hospital succeding Gladys D. Lehigh.

Unemployment Insurance

The recent revision of the Unemployment Insurance Act does not change the position of hospitals. We are informed that there is no contemplation of extending this coverage to include hospital personnel at the present time.

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DOMINION LINOLEUM

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Montreal General Hospital

Corridor and lobby overlooking foyer. Marboleum Pattern nos. M-39, M-99 and M-89, M-99, M-39

For Canada's most modern, most colourful hospital – Canada's most up-to-date flooring –

Dominion Linoleum

A bright new era has arrived with the construction of the modern $20,000,000.00 dollar Montreal General Hospital. Gone is the cold, uninviting atmosphere of yesterday's hospitals — and Dominion linoleum's rich, vivid, lavish yet tasteful colours have contributed to the change. 320,000 square feet of linoleum were used throughout the new Montreal General Hospital buildings — 240,000 sq. ft. in the hospital proper and 80,000 in the Nurses' residence. This flooring's wide and modern new colour range helps make the "General" more like a palatial hotel than a hospital. But its qualities do not stop there. Beneath its smooth, bright surface lies time-proven ruggedness and durability unmatched by competitive floorings. Years of walking and shuffling, rolling of equipment, years of maintenance will do little to mar its original clean, fresh appearance.

The Dominion linoleum floors in the **old** Montreal General Hospital have stood-up excellently for nearly 50 years under strenuous wear and tear from this kind of treatment and the **new** "General's" planning board took this fact seriously into consideration when planning its construction. As a further precaution, they matched Dominion linoleum with other well-known products on today's market, through specific floor use tests. The results placed Dominion linoleum far ahead in assurance of long life, resilience, appearance and what is also important, economy!

The board of management of the new Montreal General Hospital selected Messrs. McDougall, Smith & Fleming as the architects for their new buildings. As the consultant on interior decoration they employed Miss Edythe Shuter.

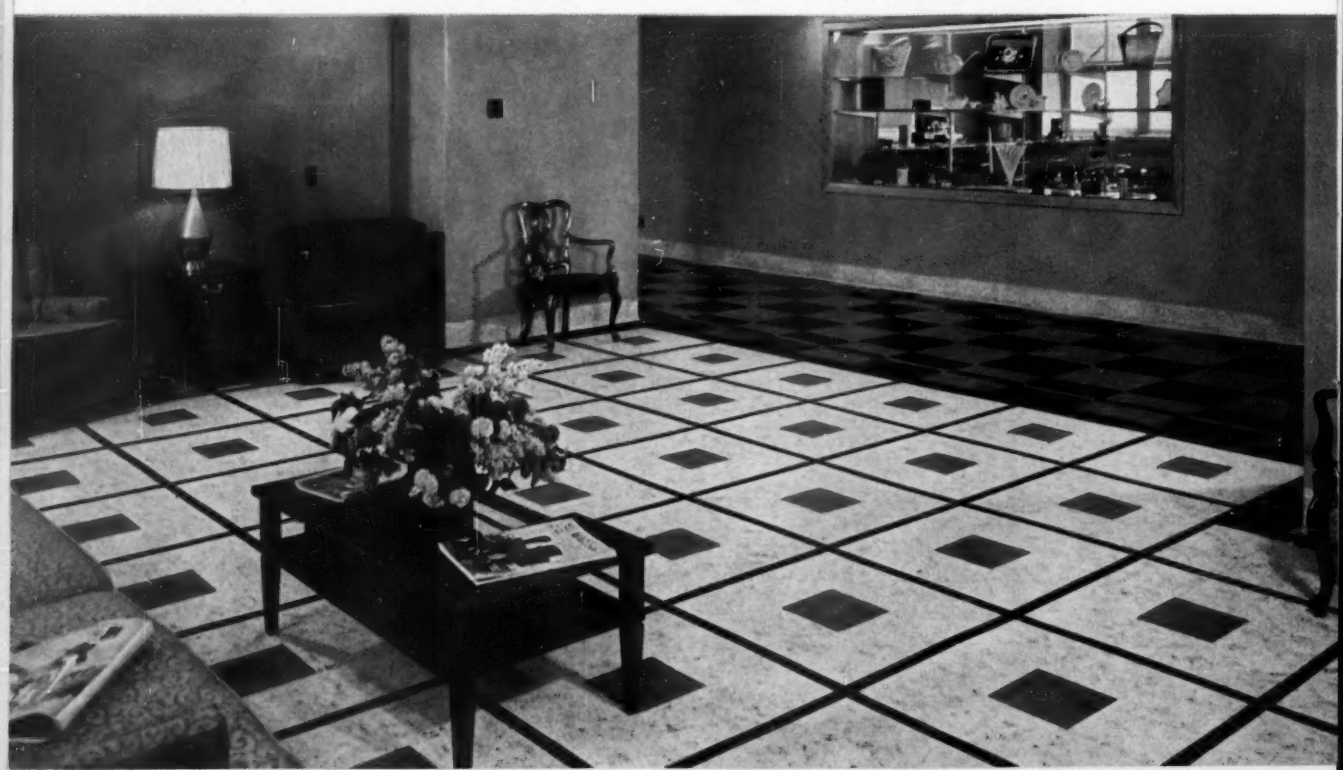
The Dominion Linoleum Creative Design Department worked continuously with Miss Shuter and the hospital decorating committee on the selection of flooring designs and colours as well as drapes for the windows.

Anglin Norcross Ltd. were the general contractors and Corkotile Linoleum Ltd. and Simpson's Montreal Ltd. were the subcontractors for the application of the Dominion Linoleum floor tiles.

FRIENDLY FLOORS FOR WAITING ROOM

This crisp but friendly Marboleum floor, typical of the other waiting room floors in this hospital adds a touch of "home" to the Waiting Room. The specially designed floor pattern was created from contrasting tiles in warm, appealing Marboleum — the widest colour range of any resilient flooring.

Memorial Room in Marboleum Pattern nos. M-89, M-97, and M-39 with Corridor in background, Pattern nos. M-39 and M-99.



"SILENT" MARBOLEU ADDS TO PATIENTS COMFORT

Along with the pleasing c ours, the sound-absorbi qualities of Dominion li leum make it an ideal lection for the sick room cushions footsteps, hus sounds and cleans quic and efficiently with the m imum of disturbance to tients. This room, in differ linoleum floor colours, lows the pattern of all ot rooms of its type in the n hospital.

A MODERN FLOOR FO THE X-RAY ROOM

What could be more ting. . . the most up-to-d equipment standing on most up-to-date floori Easy on the eyes. . . e on the feet, Dominion li leum earns the approval a busy staff.

APPEALING FLOORIN DEFIES HEAVY TRAFF

Good taste and long ra planning support the n "General's" selection of tractive linoleum floor in one of the equipm control rooms. Dominion oleum's colour and text will defy years of pun ment from shuffling sho heavy rolling equipment other traffic.

Control Room featuring Marbol in Pattern nos. M-99 and M-

Types of Commercial and Industrial Dominion Linoleum Flooring

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HANDICRAFT : a semi-striated "weave" colour effect in several new decorator type background shades, 10 and more colours.

JASPE : Striated wood-grain colour effects in background colours which range from the soft wood shades to the vivids, 15 and more colours.

Dominion linoleum is available in the above classifications in 69 colours and over. There are several thicknesses including the famous "Battleship", with both jute and felt backings. You may purchase these goods either by-the-yard or in cut tile form.

COLOUR RANGE : Through continuous design and laboratory experimentation Dominion Oilcloth & Linoleum Co. Ltd. has developed methods for the mixing of linoleum ingredients which offer greatly widened and improved colour ranges, still maintaining the well known "Battleship" product quality. The designers and chemists are continuing in the further development of this rapidly expanding range of Dominion linoleum and would welcome suggestions and ideas from you. They would be pleased to work with you on any original effects or combinations you might be interested in for special installations.

INSTALLATION : Linoleum over wooden floors requires the following foundation :

Over single wood floor — 5/8" plywood

Over double wood floor — 1/4" plywood

Plywood is recommended for new construction but other hardboards may be substituted for renovating.

Suspended concrete floors are a good base for linoleum provided they are free from moisture. A dry-appearing floor is not enough. Make sure it is tested for dampness.

Linoleum should be kept in a warm atmosphere (at least 70°F.) for 24 hours before installation proceeds. It is advisable to warm linoleum adhesive to 70°F.

Be certain that irregularities in wooden floors have been smoothed down and cracks filled in.

All floors must be perfectly clean before spreading linoleum adhesive. Adhesive will not bond to dust, chalk, oil, dirt or paint covered floors.

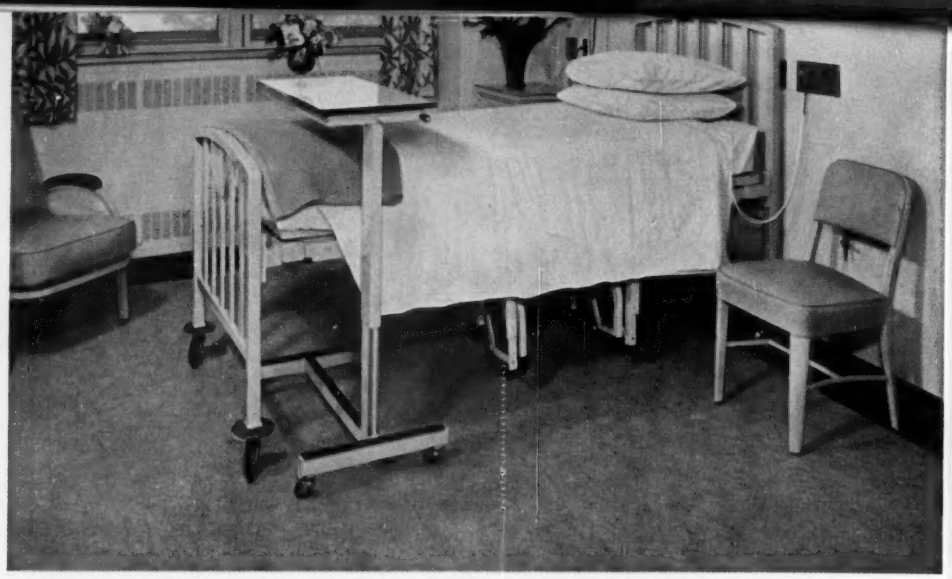
To be sure of tone continuity in linoleum tiles, check the run and shade code shown on each carton.

For complete installation instructions for laying Dominion linoleum tiles and by-the-yard write for our Dominion Installation Manual to : Dominion Oilcloth & Linoleum Co. Ltd., 2200 St. Catherine St. East, Montreal.

Write us for up-to-date samples and literature. We will be happy to have our representative call, on request.

"SILENT" MARBOLEUM ADDS TO PATIENTS' COMFORT

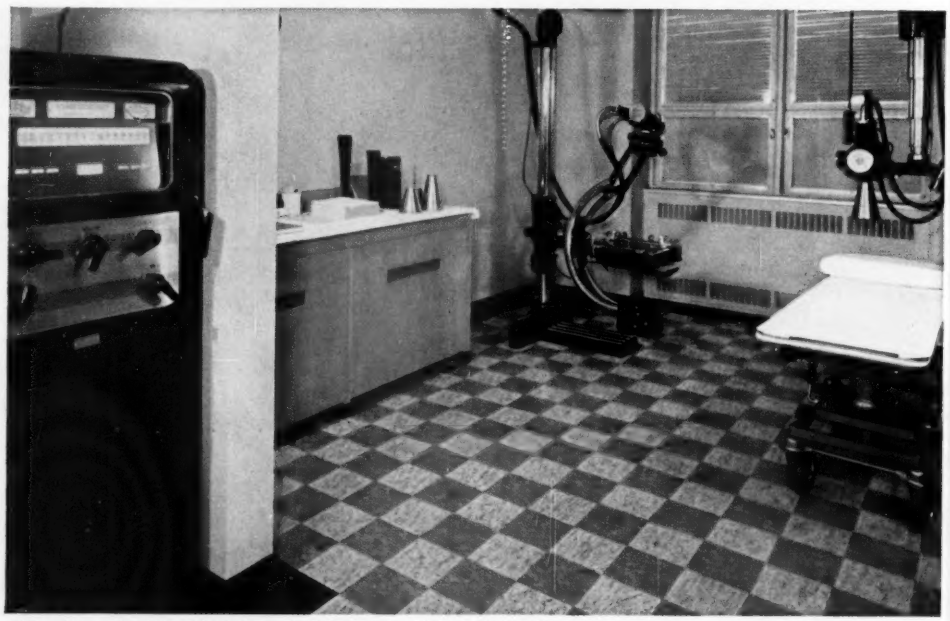
Along with the pleasing colours, the sound-absorbing qualities of Dominion linoleum make it an ideal selection for the sick room. It cushions footsteps, hushes sounds and cleans quickly and efficiently with the minimum of disturbance to patients. This room, in different linoleum floor colours, follows the pattern of all other rooms of its type in the new hospital.



Private room in Maternity Ward featuring Marboleum in Pattern nos. M-14 and M-39.

A MODERN FLOOR FOR THE X-RAY ROOM

What could be more fitting. . . the most up-to-date equipment standing on the most up-to-date flooring. Easy on the eyes. . . easy on the feet, Dominion linoleum earns the approval of a busy staff.



X-Ray Room featuring Marboleum in Pattern nos. M-91 and M-92.

APPEALING FLOORING DEFIES HEAVY TRAFFIC

Good taste and long range planning support the new "General's" selection of attractive linoleum flooring in one of the equipment control rooms. Dominion linoleum's colour and texture will defy years of punishment from shuffling shoes, heavy rolling equipment and other traffic.

Control Room featuring Marboleum in Pattern nos. M-99 and M-11.

Linoleum

The only resilient flooring with

a FIFTY YEAR pedigree

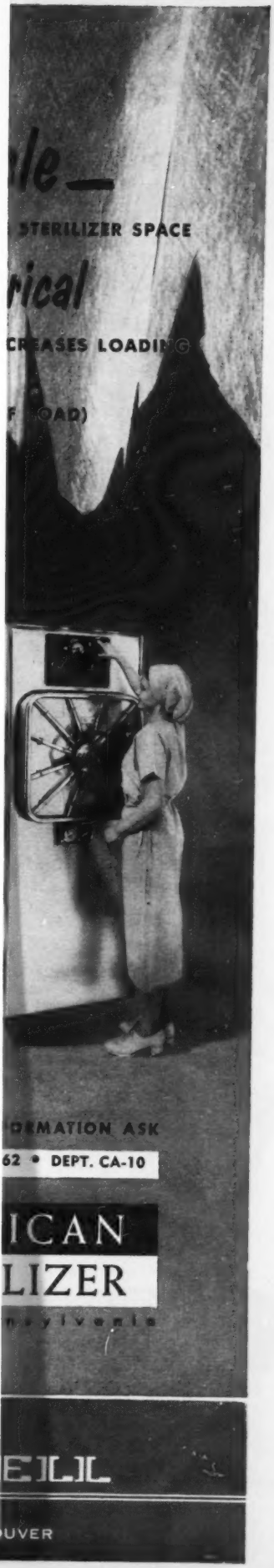
PROOF OF ENDURANCE : Dominion Oilcloth & Linoleum Co. Ltd. has installed floors which show PROOF of wear of close to a lifetime. And these old linoleum floors are still in excellent, easy-to-maintain condition. To quote only a few instances. . . The old Montreal General Hospital's hallways — installed with Dominion linoleum almost 50 years ago which is still in good looking, usable condition. . . The Montreal Gazette's Circulation Department Mailing Room floor — a good example of a **really** heavily trafficked area. . . and the Dominion linoleum test floor laid five years ago in the Manufacturers Building, Canadian National Exhibition, which has withstood without change or repair the onslaught of millions of walking, standing and shuffling feet. Today the floor is as smooth and unindented as the day it was put down.

IMPROVEMENTS : With the addition of the compatible high-polymer resin ingredient in today's Dominion linoleum, it is interesting to note that, under very extensive laboratory abrasion and indentation tests the endurance quality seems to have increased. Surface smoothness has been visibly improved.

MAINTENANCE : Wrong maintenance methods can ruin most resilient floors and the practice of proper maintenance habits (see the Dominion linoleum maintenance leaflet) will keep linoleum floors, at low maintenance costs, good looking indefinitely. Dominion linoleum floors have a particularily good record of "maintenance-endurance".

Even "unusual" washing methods have difficulty harming linoleum's hardiness. Hospitals, which in main have always done a certain amount of out-of-the-ordinary floor washing, use Dominion linoleum extensively. To cite an example, the linoleum floors at the old Montreal General Hospital have weathered nearly fifty years of this type of treatment and show little or no damage from maintenance. This is one of the most important reasons why the planners of the new Montreal General Hospital chose the same product for most of their floors. The products chosen were Marboleum, Dominion Jaspe and Handicraft linoleum made with the new* compatible high-polymer resin ingredient.

(**Note :** This new resin ingredient offers even better maintenance advantages but does not promise a maintenance-free existence. No known resilient flooring does.)



Public Ward — Marboleum Pattern nos. M-18, M-13, M-93, and M-39.

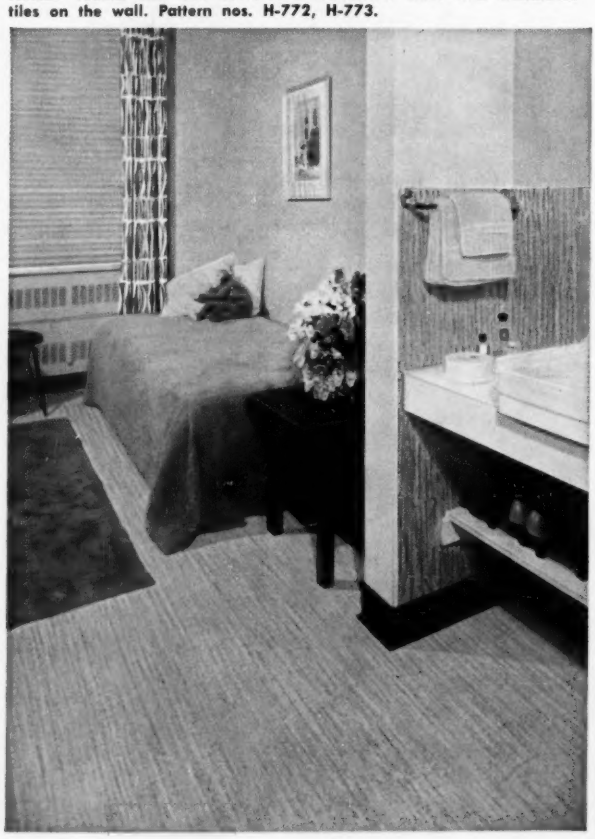
A SHADE FOR EVERY DECOR!

Modern institution decorators are departing from the traditional browns, greys and blacks. This photo of one of the new Montreal General Hospital's public wards shows how Dominion linoleum can add the "luxury" touch at moderate cost. Note how the single change of colour in spot tile gives individuality to each ward.

A typical example of Dominion linoleum's versatility is shown in the nurses' residence, Livingstone Hall. The rich yellow of the Handicraft linoleum flooring blends beautifully with the simple though effective furnishings. The grey Handicraft linoleum tiles on the wall around the wash basin are a practical as well as decorative note. Over 10,000 square feet of these linoleum wall tiles in "Domestic" gauge were used throughout the building.

WINDOWS — The drapes in the new Montreal General Hospital wards and private rooms are predominantly of Domolite, an attractive low-price printed plastic film that reduces laundering.

Nurses' rooms. This one features a Handicraft floor with Handicraft tiles on the wall. Pattern nos. H-772, H-773.



Dominion Oilcloth & Linoleum COMPANY LIMITED

Head Office: 2200 ST. CATHERINE STREET EAST, MONTREAL
Branch Offices: TORONTO, WINNIPEG, VANCOUVER

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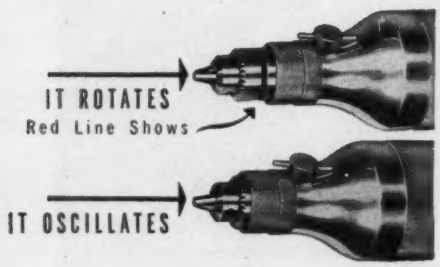
Zimmer
EXPLOSION PROOF
Luck Bone Saw

Improved design protects against explosions. Complete unit includes foot rheostat and extension cords.



IT ROTATES
Red Line Shows

IT OSCILLATES

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Metal carrying case is equipped with motor, foot pedal, cords and full complement of bits.

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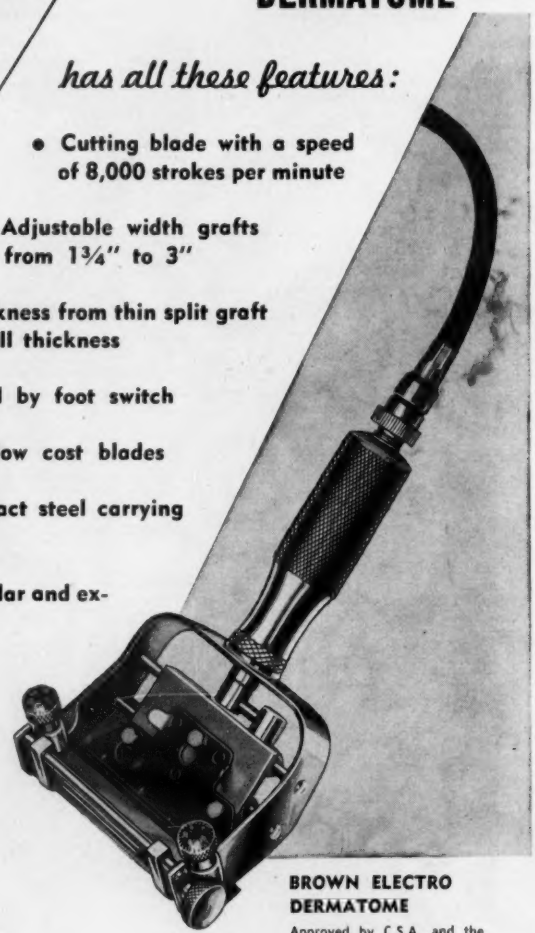

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Zimmer

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CHOSEN FOR NEW MONTREAL GENERAL HOSPITAL

The new Montreal General Hospital is outstanding not only for modern design and functional architecture, but, also for its role in the advancement of Canadian Hospital standards.

In keeping with their aim for the last word in efficient service, the Montreal General Hospital's architects specified YALE locksets and door closers throughout. YALE custom-made hardware has made a busy new hospital safer, quieter, more attractive . . . has provided easier maintenance and lower servicing costs.

Here again, as in countless modern building projects, YALE'S exacting precision, its skill in the engineering and design of fine hardware have proved their on-the-job superiority.

These are benefits you can specify for your next job. Plan to find out about YALE'S many more advantages now!

Architects: McDougall, Smith & Fleming
Contractors: Anglin-Norcross Ltd.
Hardware Consultants: James Walker Hardware Co.

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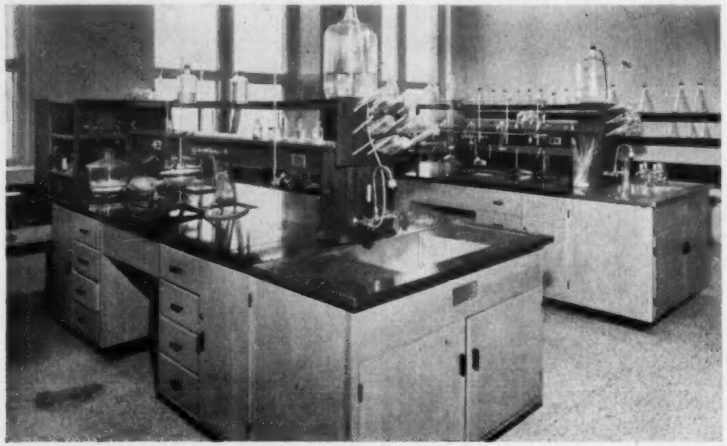
CANADIAN DIVISION ST. CATHARINES, ONTARIO

MANUFACTURERS OF A COMPLETE LINE OF BUILDERS' HARDWARE

Illustrated are four of the Art Woodwork laboratory furniture installations designed for the special requirements of the M.G.H.

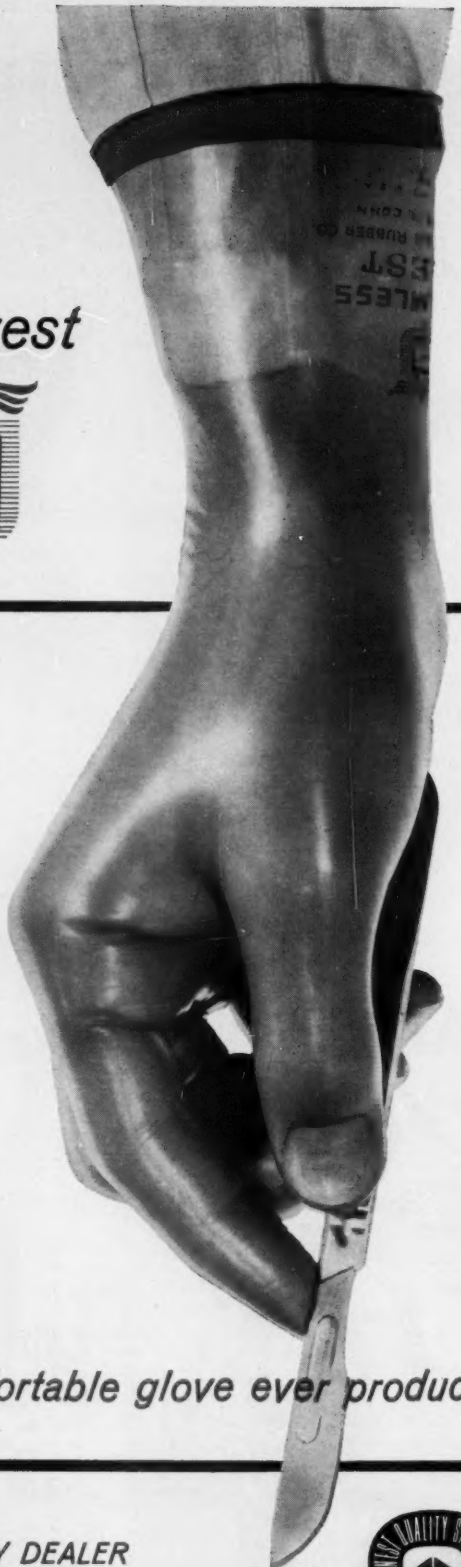
Above: The Hystology Laboratory
Below: The Urinalysis Laboratory
Above right: Students' Dental Laboratory
Below right: The McGill Dental Clinic

Produced by Art Woodwork Limited to designs drawn by A-W technicians in conjunction with Montreal General Hospital and McGill University authorities and in consultation with the architects, these new installations represent the ultimate in convenience and efficiency.



ANNOUNCING

The new Seamless Crest surgeon's glove



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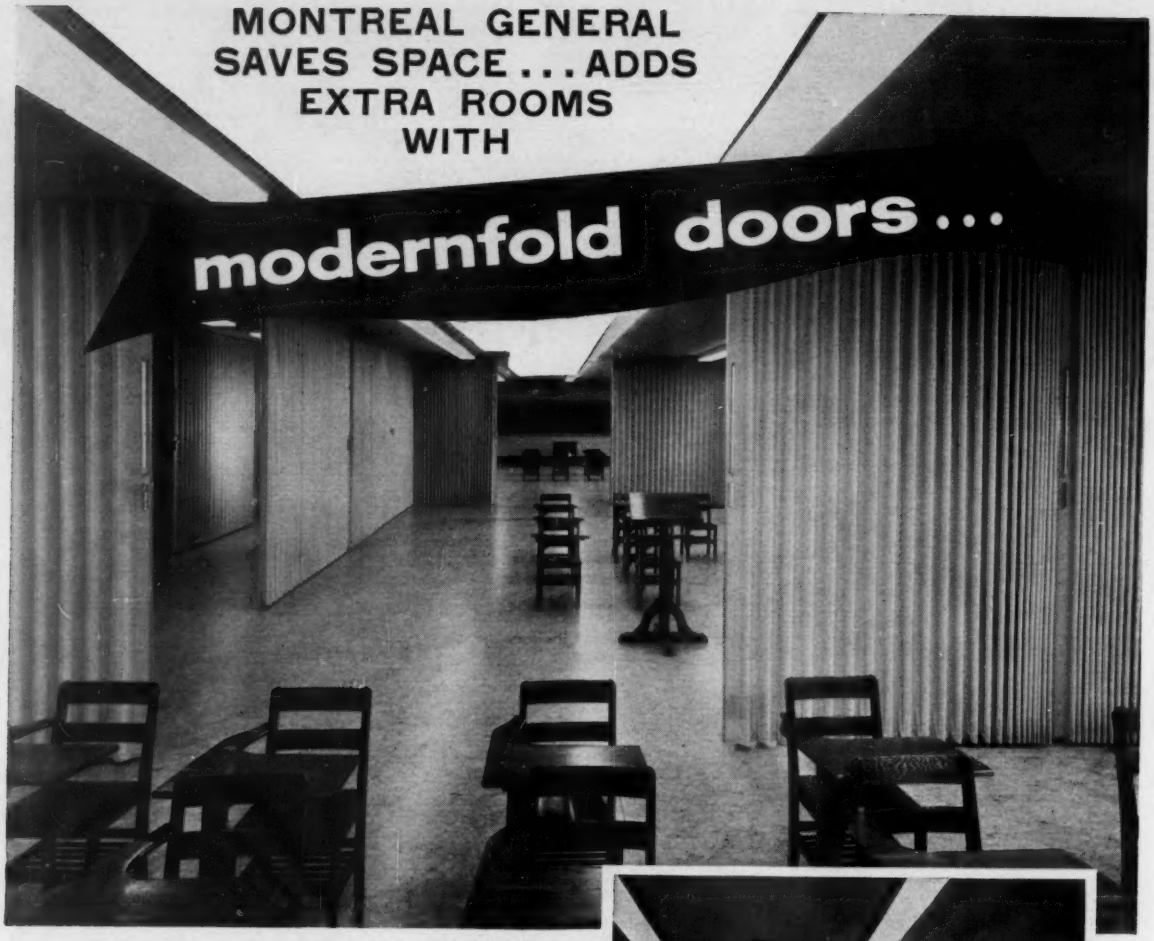
MONTREAL GENERAL SAVES SPACE... ADDS EXTRA ROOMS WITH modernfold doors...



Architects: McDougall, Smith & Fleming
General Contractors: Anglin-Norcross Quebec Ltd.

The spacious auditorium (right) of the Nora Livingston Hall, in the new Montreal General Hospital School for Nurses, quickly becomes a group of separate classrooms (above). The change is accomplished easily and effectively by Modernfold Doors.

These ideal room dividers are part of the 296 complete Modernfold installations in the magnificent new hospital. Others serve as space-saving room and closet doors. They eliminate the problem of door swing, create more usable floor and wall space. Modernfold Doors stay inside the doorway, fold out of the way, slide back and forth easily and silently. They permit wheel chairs and carts to be pushed through quickly.

Throughout the building, all Modernfold Doors are in attractive mushroom grey, which effectively blends with the hospital's interior decor. Their durable fabric coverings clean easily with soap and water. They require no maintenance.

Room dividers and room doors, together these installations represent one of the latest and most significant examples of the modern trend to Modernfold. Write us for information. A note from you will bring full details.

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SPECTRUM

ACOUSTIC TILE

CHOOSE FROM 15 SHADES

Here is the answer to a long felt need! Factory painted tiles — no bothersome business of last minute painting after installation — no uncertainty as to shade or quality of the paint job — Atlas "Spectrum" tiles have a ceramic-like finish — eye restful mottled effect of two tones of the same colour — acoustic value unimpaired — painted to your order at the factory.

Another Atlas contribution to the building trades.

Sizes 24" x 24". Thickness 3/16". Edges Bevelled.

SPECTRUM COLOUR CHOICE:

Golden White	*Winter Gray*	*Autumn Red*
Rainbow Blue	*Sunset Blue*	*Dusk Yellow*
Fathom Green	*Prairie Brown*	*Summer Gray*
Granite Red	*Twilight Pink*	*Moon Glo Blue*
Sun Glo Yellow	*Clover Green*	*Rustic Brown*

See other side for further data

ATLAS ASBESTOS
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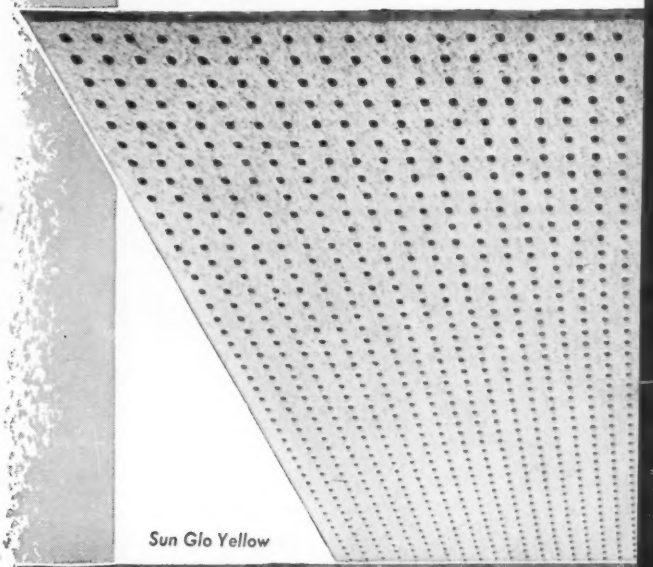
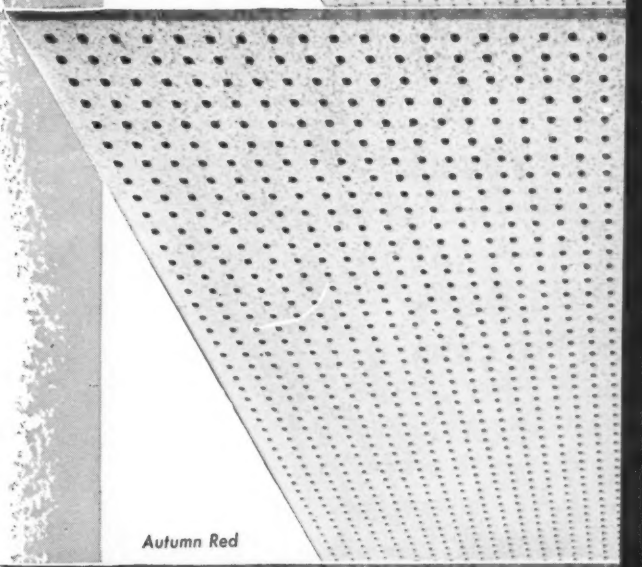
ASBESTOS-CEMENT **Turnall**

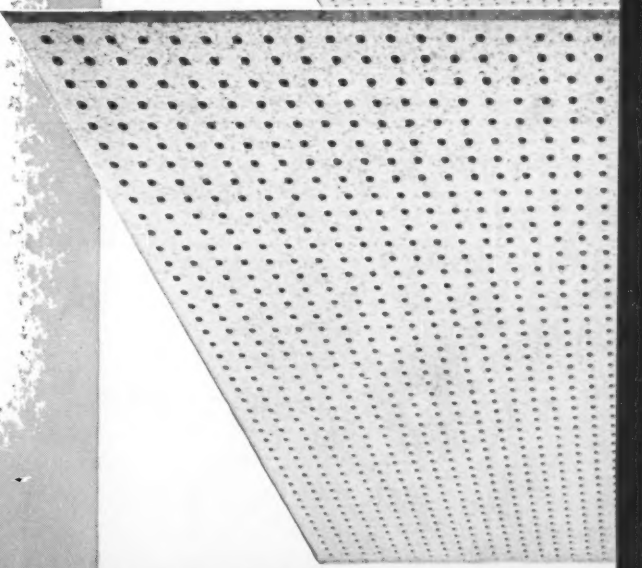
Fathom Green



Sun Glo Yellow



Autumn Red



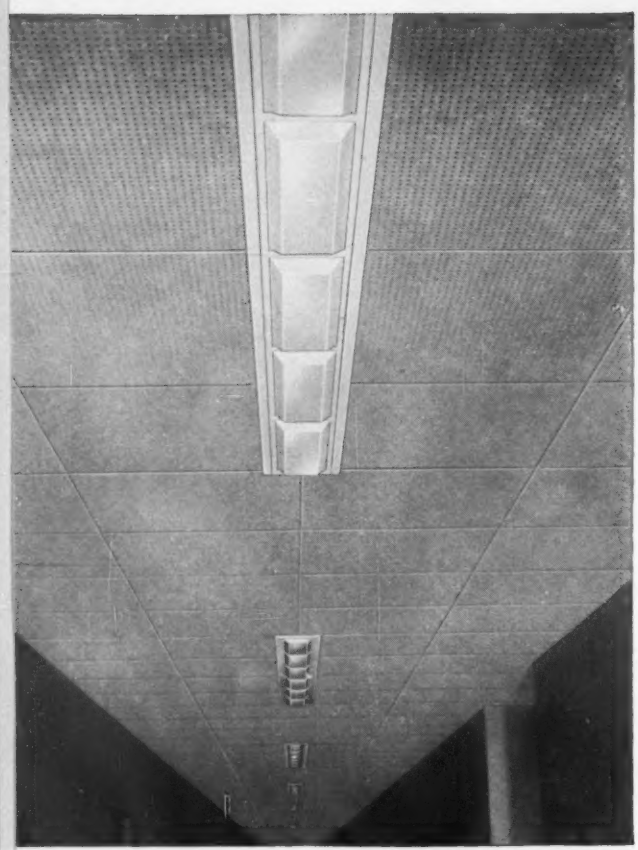
ASBESTOS-CEMENT

Turnall Acoustic Tiles on the Ceilings of

Miles of Aisles

and other areas

MONTREAL GENERAL HOSPITAL



The new Montreal General Hospital is another important name added to the ever growing list of institutions and buildings which have used to advantage "Turnall" Acoustic Tile.

"Turnall" Acoustic Tiles are made of fully compressed asbestos-cement material which is chemically inert to all normal atmospheric weather conditions. This makes it suitable for interior and exterior applications.

It is easily applied to either metal channel members or wood furring strips. It is fire resistant to a high degree and acceptable for use in all buildings where fire resistant products are a necessity along with high acoustic value.

Architects: McDougall, Smith & Fleming. *Consulting Engineers:* McDougall & Friedman. *General Contractor:* Anglin-Norcross Quebec Limited. *Applicator:* Dominion Sound Equipments Limited.

Data:

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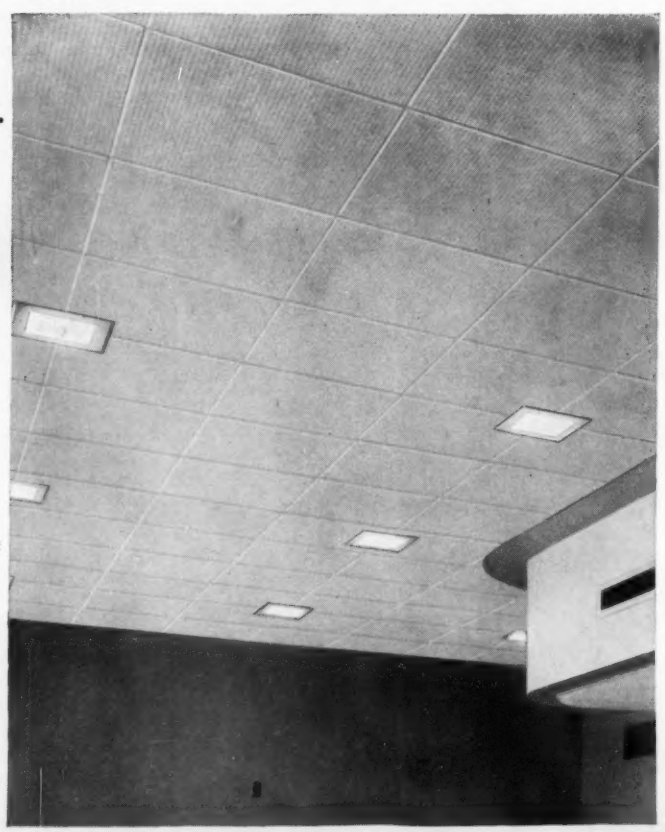
Three (3) sizes from stock
12" x 24" 24" x 24" 24" x 48"
Thickness in all sizes: 3/16"

TOLERANCES:

Length and width ± 1/32".
Squareness 1/64" in 12".
Thickness ± 1/32".

Acoustic Values

MATERIAL	FREQUENCY (C.P.S.)						Noise Reduction Coeff.
	125	250	500	1000	2000	4000	
'TURNALL' ACOUSTIC TILE + 1" ROCK WOOL BLANKET	0.09	0.22	0.80	0.99	0.90	0.76	0.75
'TURNALL' ACOUSTIC TILE + 2" ROCK WOOL BLANKET	0.21	0.64	0.97	0.95	0.91	0.76	0.85



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Requires no preparation, no clean-up!

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Only five minutes of the nurse's time are required to administer a two to four-oz. dosage of CLYSEROL, instead of the usual 30 to 45 minutes for an enema. No mixing is necessary; no cleaning-up or sterilizing; the disposable plastic container is simply uncapped, used and thrown away. Hospital administrators have found that the safety to the patient and the considerable saving of time have more than offset Clyserol's low price.

Clinically tested for over four years, Clyserol has proved effective and safe in all types of conditions including heart cases. And since OUNCES of Clyserol suffice, instead of pints of fluid, painful distension is eliminated—a factor gratefully appreciated by the patient and by the physician. Clyserol is both a retention and a cleansing enema; it is non-absorptive and does not interfere with acid base or fluid balance. Complete literature and samples on request.

Each 100 c.c. of Clyserol Enema Solution contains 4.87 grams Disodium Phosphate and 13.83 grams Monosodium Phosphate.

FIRST MAJOR ADVANCE IN ENEMA SOLUTION AND METHOD IN A HUNDRED YEARS....

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ENEMA SOLUTION
"CLYSEROL" Registered Trade Mark

For Smooth Action

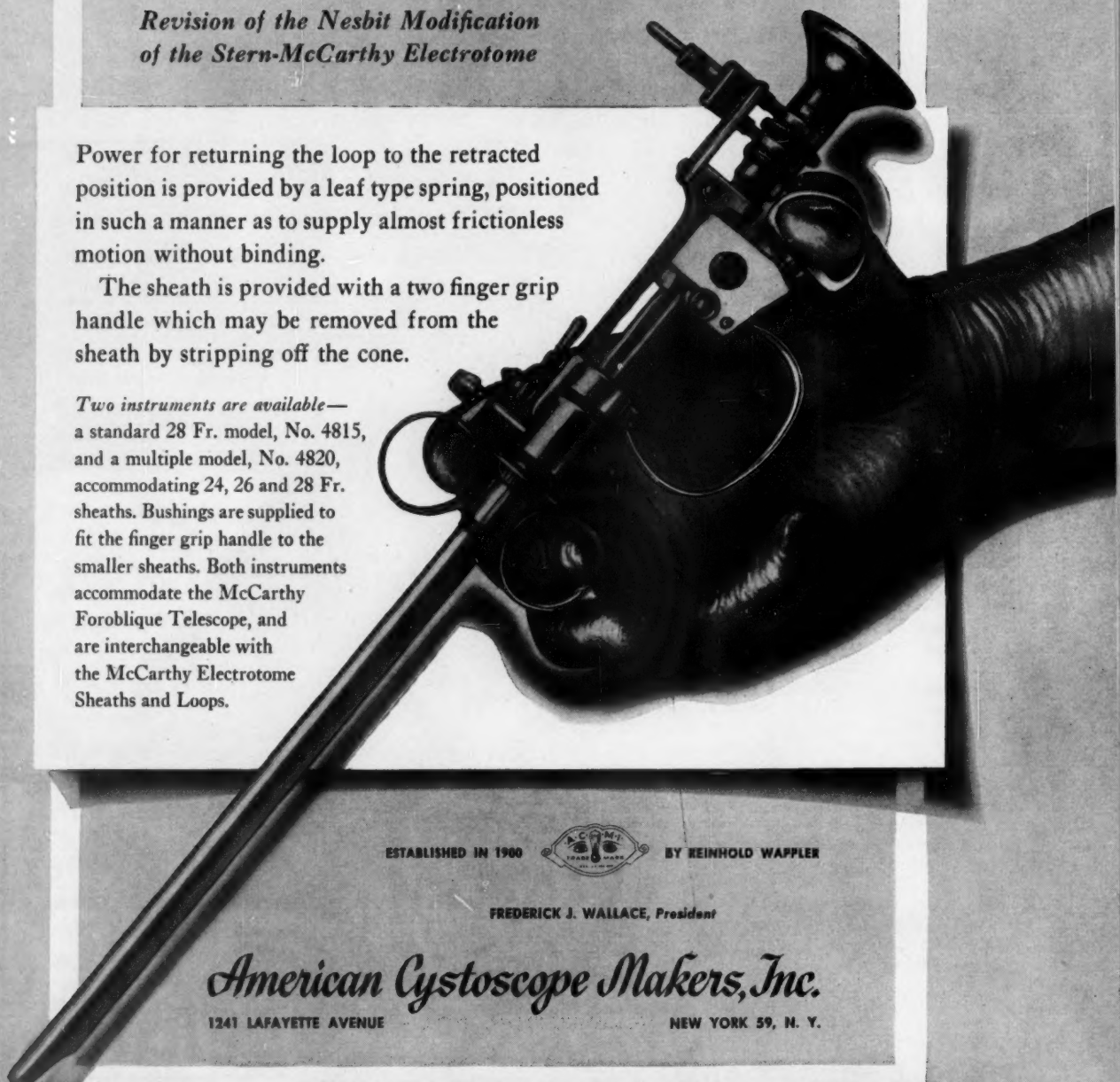
THE *Iglesias* RESECTOSCOPE

Revision of the Nesbit Modification of the Stern-McCarthy Electrotome

Power for returning the loop to the retracted position is provided by a leaf type spring, positioned in such a manner as to supply almost frictionless motion without binding.

The sheath is provided with a two finger grip handle which may be removed from the sheath by stripping off the cone.

Two instruments are available— a standard 28 Fr. model, No. 4815, and a multiple model, No. 4820, accommodating 24, 26 and 28 Fr. sheaths. Bushings are supplied to fit the finger grip handle to the smaller sheaths. Both instruments accommodate the McCarthy Foroblique Telescope, and are interchangeable with the McCarthy Electrotome Sheaths and Loops.



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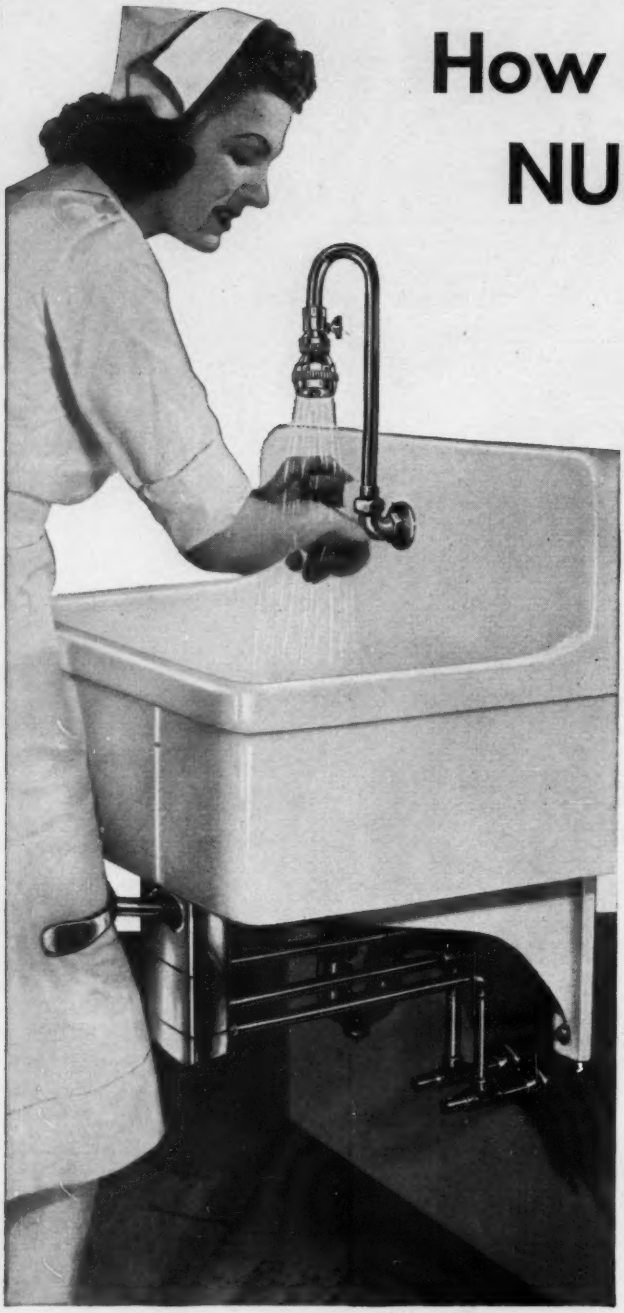

How to get more NURSE-POWER per nurse

New Crane fixtures and Crane Dial-ese controls save nurses' time . . . cut hospital water bills, too.

Most hospital administrators today face the problem of a continuing shortage of nurses. And they welcome improved equipment that saves nurses' time and effort—that makes better use of nurse-power.

Crane's new line of hospital equipment does just that. Each fixture has been designed in co-operation with hospital experts, to cut waste motion, save time, make the work-load as easy as possible. Each faucet features Crane Dial-ese controls, to require less effort in the thousands of hand and wrist actions every nurse must perform every day.

With Dial-ese controls—whether knee-operated, or foot-operated—water flows at a touch and shuts off easily and securely. No wasted time or effort. No wasteful dripping of water that costs money to heat . . . an item to be reckoned with when you consider the hundreds of gallons of water the average hospital uses per bed per day!

For details on Dial-ese—and for Crane's nurse-saving equipment—see your Crane Hospital Catalogue—or ask your Crane Branch, Wholesaler or Plumbing and Heating Contractor. They'll help you choose the right fixtures for your particular requirements.

Scrub-up sink. One of many in the Crane line. Made of exclusive Crane ceramic material called Duraclay, which withstands hard wear, thermal shock, medicines, acids, corrosive solutions. Knee-operated mixing valve incorporates Dial-ese type unit for smooth control with no sudden temperature changes, and no leaking when turned off.

Dial-ese cartridge saves time for your maintenance men. Contains all wearing parts of Crane Dial-ese control valve. Can be slipped out and replaced in seconds!

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W. Douglas Piercey, M.D., Editor

The Canadian Hospital

Obiter Dicta

Montreal General at its new site

DURING THE past decade hospital construction in Canada has proceeded at an accelerated rate. A need for more beds, held over from the thirties as a result of the depression and curtailed by the scarcity of material and labour during World War II, has increased markedly because of our rapidly growing population since 1945. Greater use of hospital facilities and many outstanding developments in medical science, calling for the expansion of hospital departments, were also significant factors in increasing the tempo of hospital construction and the incentive to build was provided in many instances by the financial assistance of the federal-provincial construction grants.

In many issues of *The Canadian Hospital* we have featured articles regarding the enlargement of existing hospitals, the building of new and the remodelling of established institutions. In our September, 1955, issue we portrayed some of the features of the University Hospital in Saskatoon, the new teaching hospital of the University of Saskatchewan. In this issue we report on another very infrequent occurrence—the rebuilding, on a new site, of a large teaching hospital associated with a renowned medical school, a hospital with a history of some 135 years of outstanding service to the citizens of Montreal.

In the planning stage for a number of years, the Montreal General Hospital is now operating from its new site on "the mountain". After more than a century on Dorchester Street, where the land was less than 10,000 square feet, the new hospital rises as an outstanding edifice of Montreal from a land area of some 350,000 square feet, on Pine Avenue, Cedar Avenue and Côte-des-Neiges Road, in close proximity to McGill University buildings. Here are now united the former main hospital and its Western Division. While all patients were moved in May, the official opening of the buildings was delayed until this month. On October 4th, the stately edifice was declared open by H.R.H. Princess Royal, Countess of Harewood.

Architecturally, very little of the former building could be moved but the original crest and the front doors of the Dorchester Street hospital have been transferred to the medical library at the new site. Along with these important reminders of the past go a rich tradition of service—a tradition created by countless individuals who have been associated with the hospital in the years since its founding. For the staff, medical and otherwise, the new building offers conveniences and space which were not available before. Modern engineering and architecture have provided a beautiful and inspiring new building, a modern hospital in every respect and an outstanding addition to the Canadian hospital family. What will not be new is the esteemed position of the Montreal General Hospital, its spirit of helpfulness to the needy and the renown of the great men and women who have served the institution down through the years. This spirit moves into new quarters to inspire those of our day who carry on the great heritage from the past.

We are pleased to devote this issue, almost exclusively, to the Montreal General Hospital. Included are eleven separate articles and 12 floor plans. We believe our readers will find them interesting and instructive. *The Canadian Hospital* takes this opportunity of thanking A. H .Westbury, Executive Director of the hospital and his many associates who prepared the articles for us during the hot humid weather which was so much a part of the summer of 1955.

L'Hôpital Général de Montréal dans un site nouveau

AU COURS de la dernière décennie, la construction d'hôpitaux, au Canada, a pris un essor rapide. Le besoin de lits d'hôpitaux, négligé par suite des difficultés issues de la dépression des années 1930, aggravé par la rareté des matériaux et de la main-d'oeuvre durant

la deuxième guerre mondiale, devenait de plus en plus pressant du fait du rapide accroissement de la population à partir de 1945. Le recours plus fréquent aux avantages de l'hospitalisation et les remarquables découvertes de la science médicale, qui exigeaient l'expansion de divers services hospitaliers, imprimèrent un nouvel élan à la construction des hôpitaux que stimulaient aussi les octrois des gouvernements fédéral et provinciaux.

A diverses reprises, *The Canadian Hospital* a publié des articles relatant l'agrandissement des hôpitaux existants, la construction de nouveaux hôpitaux et la rénovation d'anciennes institutions. L'édition de septembre 1955 décrivait quelques accomplissements remarquables de l'hôpital universitaire de Saskatoon. Dans le présent numéro nous relations un événement des plus rares: la reconstruction, à un nouvel emplacement, d'un important hôpital universitaire, étroitement associé à une illustre école de médecine, un hôpital qui se réclame de quelque 135 ans de services exceptionnels en faveur des citoyens de Montréal.

Après une longue période d'organisation, l'Hôpital Général de Montréal exerce désormais son activité bienfaisante du haut de la "montagne". Pendant plus d'un siècle, il demeura, rue Dorchester, sur un terrain de moins de 10,000 pieds carrés. Le nouvel hôpital, l'un des édifices les plus remarquables de Montréal, se dresse aujourd'hui sur un terrain d'environ 350,000 pieds carrés encadré par les avenues Pine, Cedar et le Chemin de la Côte des Neiges, à peu de distance de l'Université McGill. Il abrite l'ancien Hôpital Général et sa division de l'Ouest. Bien que depuis mai il loge tous ses patients, son ouverture officielle a été reportée au présent mois. Le 4 octobre, la princesse royale comtesse de Harewood a proclamé l'ouverture officielle de l'imposant édifice.

De l'architecture de l'ancien immeuble, peu de chose méritait d'être conservé; cependant, le fronton original et les portes de façade ont été utilisées à la nouvelle bibliothèque médicale. Ces vieux témoins du passé évoquent une riche tradition de généreux services, tradition créée par la foule incalculable de tous ceux qui ont été associés à l'histoire de l'hôpital depuis ses premiers jours. Au personnel, tant médical que général, le nouvel immeuble offre des commodités et un espace plus avantageux. Les ressources du génie civil et de l'architecture ont su créer un édifice qui provoque l'admiration et incite au dévouement, un hôpital moderne en tout point qui complète avec un rare bonheur la famille des hôpitaux canadiens. Ce qui n'offre aucun trait de nouveauté, c'est la haute réputation de l'Hôpital Général de Montréal, son dévouement envers l'indigent et la renommée des hommes et des femmes de coeur qui se sont voués au service de l'institution au cours de sa longue histoire. Cet esprit se retrouve au nouvel édifice et inspire tous les collaborateurs d'aujourd'hui qui maintiennent le précieux héritage du passé.

Nous sommes heureux de consacrer le présent numéro, presque exclusivement, à l'Hôpital Général de Montréal. On y trouvera onze articles variés et les plans de douze étages. Le lecteur, croyons-nous les jugera dignes d'intérêt et instructifs. *The Canadian Hospital* est heureux, à cette occasion, de remercier M. A. H. Westbury, directeur exécutif de l'hôpital et ses nombreux collaborateurs qui ont rédigé les présents articles au cours des journées chaudes et humides qui ont caractérisé l'été de 1955.

Roentgen Startled Physicists 60 Years Ago —Effects Still Being Felt

THE 60th anniversary of the discovery of x-rays by Roentgen on November 8th, 1895, is being commemorated this year. While hospital people are quite familiar with x-ray apparatus as used in diagnosis and treatment, the use of x-rays in other fields, and the physical properties of x-rays, are not so well understood.

X-rays are emitted whenever matter is bombarded by electrons. They were first produced by Roentgen by passing high voltage discharges through sealed glass containers from which air had been partially removed. They are invisible, move through space in straight lines, are unaffected by electric or magnetic fields, but can be reflected, diffracted, refracted and polarized. X-rays have the same speed as light and have a wide range of wave lengths; they blacken a photographic plate, cause ionization, and can damage or kill living cells.

Apart from their direct use in medicine and industry, Roentgen's discovery opened new fields in radioactivity, nuclear physics, chemistry, electronics, and cosmic rays research. Industry uses x-rays to show the soundness of structures such as castings, in spectroscopy in identifying chemical elements, in studying atomic structures and alloys. Photochemistry uses x-rays in research concerned with oxidation, reduction and similar effects. In biology, x-rays help to identify cells and tissues. Radiogenetics is concerned with mutations produced by x-rays when used in sub-lethal doses.

Since Roentgen's day x-ray tubes have gone through a period of evolution. The first water-cooled x-ray tube was developed in 1899, the Coolidge tube in 1913, an electron-type tube with line focus was introduced in 1922 and a rayproof tube in 1927. The first shockproof tube appeared in 1928 and the rotating anode tube in 1929.

During the past decade the use of x-rays continued to expand in the fields of medicine, industry, and atomic research. In the field of medicine, development of the mobile chest x-ray unit has been an outstanding advance. In Canadian hospitals the taking of routine chest x-rays on admission is doing much for the early detection of tuberculosis. Quite recently the introduction of the image intensifier has been a notable development. Normally, when the human body is x-rayed, intensities are held down so that tissues are not damaged. This requires the radiologist to work with very weak images on the fluoroscopic screen; now the image intensifier amplifies these weak images by an electronic method. The rotational therapy unit is designed to treat deep seated tumours. The x-ray tube is focussed on the tumour and then automatically rotated around the patient through an angle up to 330 degrees. This method delivers maximum radiation to the tumour and spreads the dosage over a large surface area to avoid damage to skin and intervening tissue.

Six decades after Roentgen's discovery it is too early to assess the over-all impact of his work—undoubtedly, however, he can be recognized as one of the great benefactors of humanity. While today we are too prone to accept modern inventions as an everyday occurrence, it has been only through the pioneer efforts of men like Roentgen who have made the 20th century a healthier and happier era in which to live.

Some historical reflections on

Montreal General Hospital

H. E. MacDermot, M.D.,*
Montreal, P.Q.

IT IS rather curious to look back at the history of an institution after it has moved away from its original site. The Montreal General Hospital was built in 1822, as a small 70-bed hospital, on a site well down in what is now the heart of the city. For 133 years it stayed there and did its work, vainly striving to expand within a limited space. Then a point was reached at which no way could be found to make the hospital capable of properly carrying on its busy life unless it moved to another site and to modern buildings.

This has been accomplished; and we who work in the hospital look with amazement at the contrast between then and now. While we lived and worked in the old buildings they seemed natural enough, as a man might get accustomed to a chronic pain. Now we ask why we didn't relieve the pain before. Incidentally, the decision to move and build the new hospital has a history all of its own, for to move had far-reaching implications. As may be imagined, not the least of these was the historical associations of the old buildings. They had in their numerous buddings reflected the growth of the city itself. For the first sixty years or so it was the only English hospital in a city which was growing without cessation. It had served as a medical teaching centre from its very first year and had been mainly responsible for the birth of the McGill Medical Faculty. In its wards had worked men who have left an abiding mark in Canadian medical history: Holmes and his three colleagues who founded the hospital; Palmer Howard and his pupil Osler; Roddick who introduced the Listerian method of antisepsis into Montreal; Shepherd, Buller, John McCrae—to pick out only a handful from the succession of outstanding men who worked and taught within its walls.

Of all the traditions none has been more constantly in our minds than that of the original purpose of the hospital—to treat the sick poor. It has stood in the poorer, more crowded part of the city, whose inhabitants turned naturally to it in their distress; and more than one of the staff, particularly the older men, looked very searchingly at the proposal to move it. However, it was found on investigation that much of the population had gradually moved away, and actually the site even-

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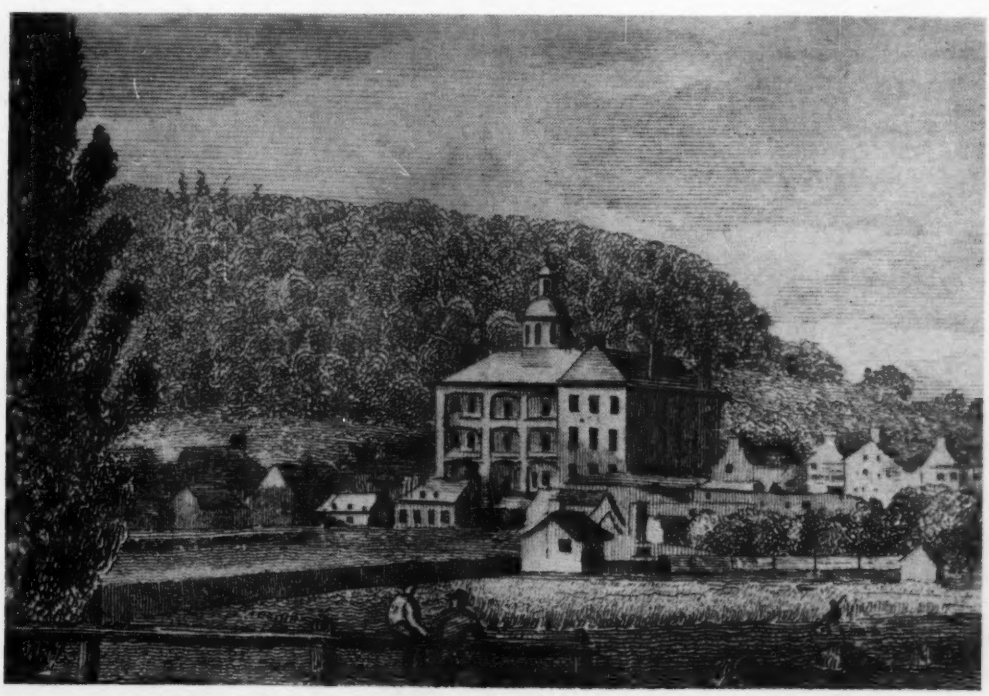


The Montreal General Hospital prior to 1848.

tually chosen was found to be the very centre of the English section of the city. Add to this that it was the only available—and practicable—one within easy reach of the medical school; and the choice received general approbation. Then, too, some of the old buildings were to be torn down anyway to make room for the widening of Dorchester Street.

Growing Pains

The new buildings have only been occupied for a short time (they were opened in late May) and I do not intend to give any special account of them. On occupying them we suffered and are still suffering from inevitable growing pains; but even in this short time it is astonishing what rapid adjustment there has been to the new surroundings. There was no trouble in coming to like the much more spacious quarters in their pleasant surroundings, with the dramatic view of the city below; and certainly it was easy to appreciate the advantages in parking. It was a little difficult to adjust ourselves to the greater number of people working in the building, which now contains two formerly distinct hospital units, the Central and Western Divisions. Though part of the one organization, these had been on quite separate sites. This telescoping of the staff has brought under the one roof a total of about 1,500 people, with resulting problems in elevator service and with respect to meals which took a little time to regulate.

In the last Shepherd Memorial Lecture to be held in the old building, (October 1954), the speaker, Sir Stewart Duke-Elder, in referring to the impending move, made the pithy remark, "Be sure to take your ghosts along with you". That is a reminder which we are already beginning to recall. Our ghosts of course are our traditions, and we are extremely proud of these in the Montreal General Hospital. It is the fashion to talk rather sentimentally about the queer old days when there were no anaesthetics and asepsis was unknown; when typhoid, pneumonia and tuberculosis filled the wards; when there were epidemics of cholera and typhus; when there were no trained nurses; when almost every patient had large amounts of alcohol prescribed for him; when operations were done by the light of oil lamps; and when there was a smallpox wing in the hospital.

Well, these things were so, and it is interesting to know about them. But the ghosts we like better to recall are things like the courage and persistence of the men who ran the hospital, both laymen and doctors. It is true of course that for many years it had a unique position as the main general hospital of the city. Practically the whole population helped to keep it going. There were no such things as campaigns for funds. Men used to collect money in every ward and in every company and factory. The lists of donations themselves are interesting. All this made up the atmosphere of a family, with the hospital as its focus.

It was inevitable of course, that with the enormous growth of the city there should be many other hospitals established and that interests should become divided. But the General still retains a very wide connection, partly because of its long establishment and partly because it has kept itself in the very forefront of medical progress. The new buildings represent vigour and a will to go forward; but we know that we must keep continually before us the ideals of the founders in their desire to teach and to search for better treatment.

The establishment of the training school for nurses was another evidence of the hospital's desire to keep up with the best. After one or two abortive attempts good fortune brought us a pioneer in Canadian nursing, Miss Nora Livingston, who built up a school which has not been excelled in our country.

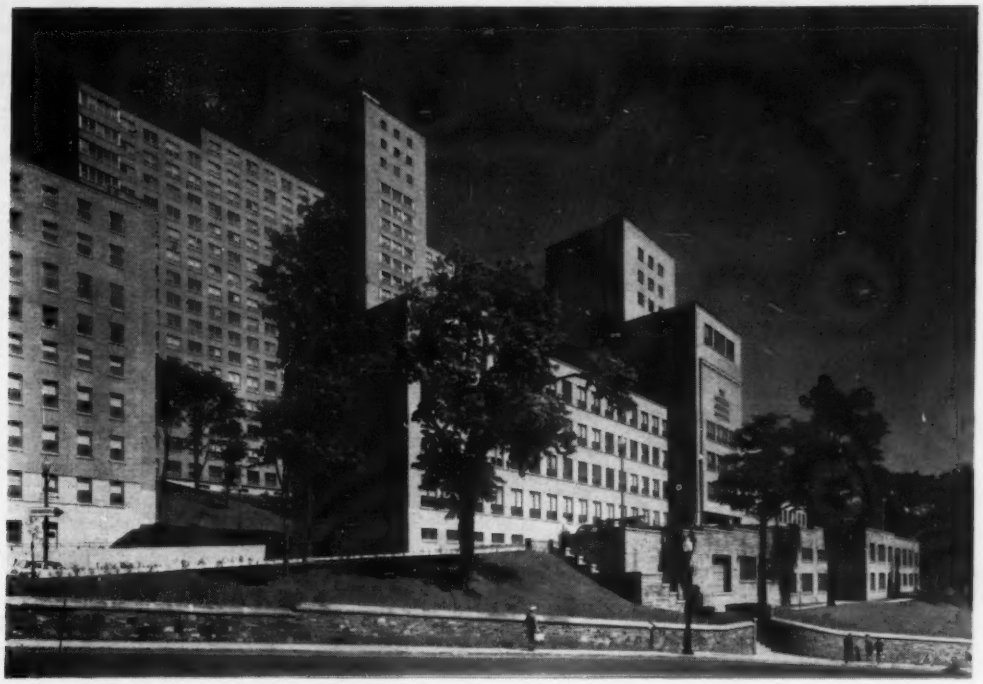
The Old and the New

There were many requests that we incorporate some part of the old building into the new but, desirable as this seemed, the architectural difficulties were too great. However, two things were done which are worth noting. The hospital crest which was carved in stone over the entrance to the original building was removed and now looks down on the large entrance hall of the hospital on its Cedar Avenue side. Then it was also possible to lift out the entire original doorway to the hospital, with its bevelled glass panels and attractive fanlight tracery, and to place it as the doorway to the medical library of the hospital. Some of the squares of stone pavement from the old hall were also fitted into the library floor.

In addition to these mementos we have of course brought up all our pictures of former heads of departments, of which we are fortunate enough to have a very complete collection, including the four founders of the hospital. We shall also put up all our memorial tablets, the oldest of which is to Dr. H. P. Loedel, who died of typhus fever in 1825.

So that while our buildings are new, there will still be watching us from the walls those who have done their part in building up a hospital old in years and in service, but young and fresh in spirit. ●

Operating in the outdoor department in 1894.



Pine Avenue entrance.

—M.G.H.—

Administrative Aspects

A. H. Westbury, F.C.I.S., F.H.A.
Executive Director,
Montreal General Hospital
Montreal, P.Q.

THE origin of The Montreal General Hospital dates back to 1815 when, following the Battle of Waterloo, a great number of immigrants from Europe arrived in Canada intent upon starting a new life in a new country. The rigours and hardships of travelling across the Atlantic Ocean in those days resulted in a large proportion of new Canadians arriving in Montreal in need of medical care. The Female Benevolent Society endeavoured to give some relief by establishing a soup kitchen and later a "House of Recovery", but the urgent need for a hospital in the English-speaking area* of the city soon became evident and a number of prominent citizens obtained funds to build and staff a hospital in the "salubrious fields of St. Lawrence".

The hospital soon became one of the outstanding healing and teaching institutions on the North American continent, progressing in step with advances in medical science.

The advisability of moving the hospital from its original site on Dorchester St. East to a more convenient location (and at the same time increasing the bed capacity and facilities to meet the growing demand for accommodation) was first considered about 25 years ago. An amalgamation with the Western Hospital was consummated and following an extensive study of the situation by the late Dr. S. S. Goldwater, plans were made for the eventual establishment of a 600-bed hospital on that site. However, the economic depression of the thirties and the second World War made it necessary to defer this plan until after the war.

In the meantime a number of disadvantages with regard to the "Western" site had become apparent and the plan to re-locate there was abandoned in favour of a larger area nearer McGill University. And so through the previously unmatched generosity of the citizens and corporations of Montreal and with substantial financial assistance from the provincial and municipal governments and under the National Health Program, the magnificent buildings on the slopes of Mount Royal came into being.

As far as possible, modern improvements in hospital design, equipment, procedures and techniques have been incorporated in the new buildings. The different articles in this special issue of *The Canadian Hospital*, prepared by the various departmental heads, tell of these improvements as they affect their respective departments.

Other installations in general use, and which tend towards a better economy in management and administration include: single pneumatic tube system which eliminates the use of

* *Hôtel Dieu had, of course, been established as early as 1642—Edit.*

messengers carrying small articles or records between departments or wards; automatic laundry machinery, increasing efficiency and reducing the personnel to a minimum; four-bed wards giving greater flexibility between male and female admissions as the need arises; piped oxygen to every bed and to the operating and recovery rooms; nurse-patient call system, avoiding unnecessary walking by nurses between the nurses' station and wards; dial telephone system whereby departments can communicate with each other without the necessity of calling through the central switchboard; and a centralized vocal paging system which has already proved its worth by the speed with which messages are delivered to the visiting medical staff.

To a hospital built within recent years, these facilities may appear to be routine, but to a staff that has worked in antiquated and obsolete buildings for so long, they are a pride and joy.

Housekeeping within a modern hospital is a major factor and can be very expensive. With this in mind the general furnishings throughout the building were specified with a view to convenience in cleaning and maintenance. For instance, reversible windows were installed so that the outside can be cleaned from inside the building; blinds, both venetian and otherwise, are sealed within the double window frames, thereby reducing frequency of dusting and easing the problem of cleaning; tiled linoleum floors requiring the minimum of waxing were laid and when worn can be more easily replaced than strip linoleum; terrazzo flooring was laid in areas subject to heavy traffic; hardware was installed that can be cleaned with a damp cloth; and "kalistron" wall covering was chosen for halls and corridors.

A main objective when planning the building was to eliminate as far as practical the traditional look of a hospital. Visitors and patients have commented favourably on the original colour schemes and general decor throughout the hospital, designed by Edythe Shuter, professional interior decorator, and carried out under her supervision.

Part of the spacious entrance lobby. Doctors' call-board is seen on the left.

The Move Itself

In the fall of 1954, it was decided that the move would take place during the month of May, 1955. At this time teaching would be over; the weather would be reasonable; staff vacation would be at a minimum; and it would be completed before the incoming resident medical staff arrived in July.

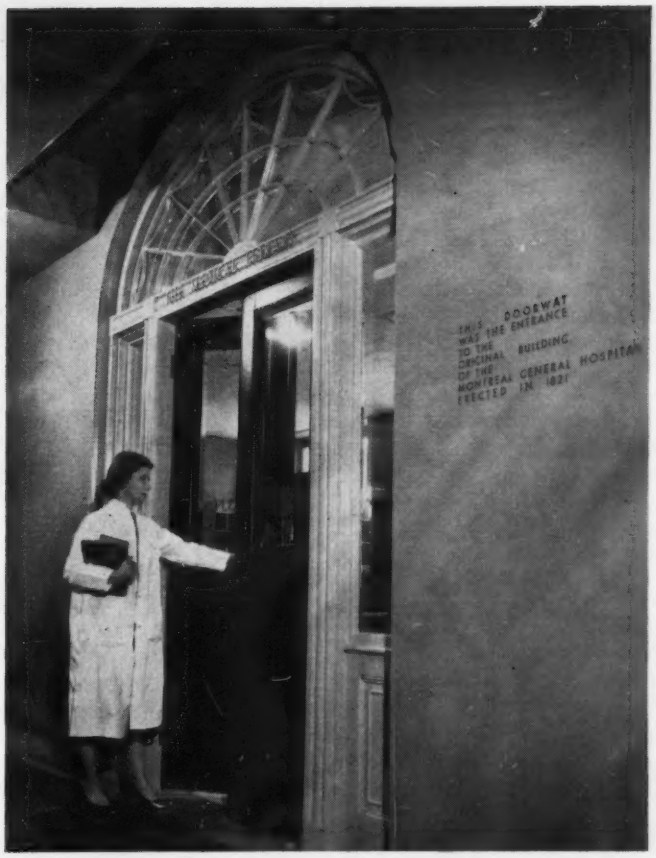
From May 1st, 1955, admissions to both the Central and Western Divisions were restricted to those cases where clinical treatment could not be deferred until after the move. Beds and other equipment not required for the treatment of patients were transferred and set up in the new building. On Sunday, May 22nd, 65 patients were moved to the new site from the Western Division by means of moving vans for bed cases, ambulances, and a special bus fitted to carry wheel-chair cases—all according to a master movement schedule prepared the previous day which specified the type of transportation required in each case.

The same procedure was followed on Sunday, May 29th, when 105 patients were transferred from the Central Division. In both instances no patients suffered detrimental effects by reason of being moved even though in some cases it was necessary to arrange for a continuous supply of oxygen en route. On both days the transfer was completed between breakfast and lunch and it redounds to the credit of members of the dietary department that they served respectively roast pork and roast turkey to the patients for their first meal in the new hospital.

The traditional spirit of service given by The Montreal General Hospital during the past 134 years should be enhanced with the provision of fine new buildings and modern facilities. All those associated with the hospital are aware of this fact and are fully imbued with the spirit of challenge and opportunity. It is evident that this new era will be as glorious as the past and that the hospital will continue to retain its eminent position amongst the leading institutions on the North American continent. ●

—M.G.H.—

The Medical Point of View



Doorway to the medical library.

MOVING THE patients and staff of the Montreal General Hospital during May of this year was completed without fuss or fanfare and all phases were carried out with the welfare of the patient as the first consideration.

The vast new buildings located on the slope of beautiful Mount Royal cost approximately $20,000,000. The hospital's design is a departure from the traditional stellate-shaped building which has been so popular in hospital construction throughout most countries during the past three decades. Using the grading of land most ingeniously, the architect designed the hospital on very simple lines and yet in a manner that would be relatively easy to administrate.

When the decision was made to build the hospital on an entirely new site the Board of Governors appointed a small but effective committee to deal with all matters financial, constructional, and administrative relating to the new buildings. This committee worked in close liaison with architect and engineer but, of extreme importance, it consulted with the medical staff on all aspects of the building and especially those areas where patient care is of paramount importance.

This close liaison between committee and medical staff during the course of construction and also liaison with architect and engineer cannot be too strongly emphasized. The well-being and comfort of the patient—his clinical care as well as the economical functioning of the hospital—must always be kept in the forefront by all concerned during a hospital's construction. Lack of liaison between committee, architect, engineer and medical staff may result in a building where modern and good patient care is not possible.

Broadly speaking, the hospital was built in three sections—an out-patient section, an in-patient section, and a third section running at right angles to these two and connecting them. This third section houses all the ancillary services such as laboratories, operating rooms, kitchens, et cetera. With two main entrances, one in the out-patient section and one in the in-patient section, and with two banks of elevators in each of these sections, both the in-patient and the out-patient can easily reach the ancillary services with a resultant minimum of cross traffic.

Briefly follows some of the features of this 750-bed teaching hospital which with its nurses' home and doctors' residence is probably the largest single piece of teaching hospital construction of this post-war era in Canada.

William Storrar, M.B.E., M.B., Ch.B.
Medical Director,
Montreal General Hospital,
Montreal, P.Q.

In-patient Wards

Apart from the three private in-patient floors which are housed on the top three floors of this 19-storey building, all in-patient floors are similar in design. Each in-patient floor contains two nursing units and each nursing unit has approximately 32 beds in 4-bed, 2-bed and single bed rooms. To facilitate the nursing of patients the 4-bed rooms are con-

nected by a short modernfold door. Oxygen and suction outlets are available for each bed. The oxygen is piped from a large liquid oxygen cylinder situated in the grounds of the hospital. The suction outlet is situated 18 inches from the floor—to facilitate the attachment of the modern monometer type single suction bottle.

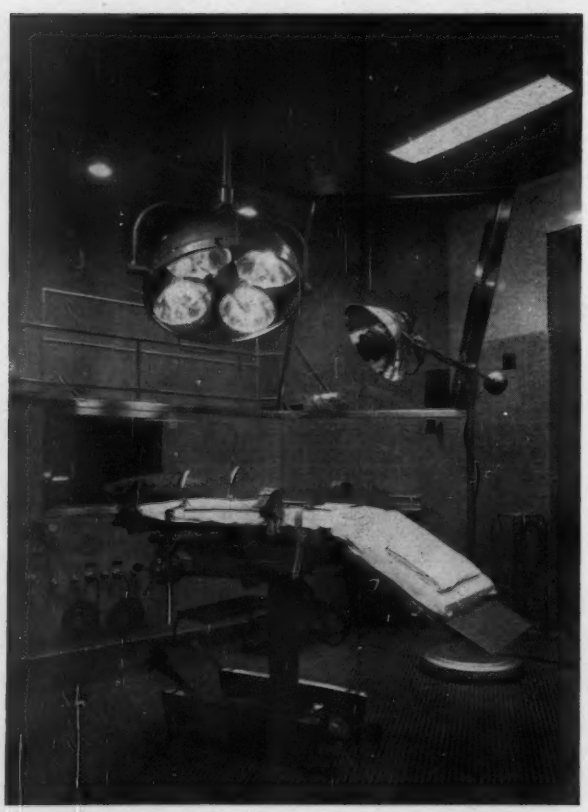
A nurse-patient call system outlet is also situated between each bed. This equipment has been installed to ease the nursing services and allows the patient to talk to the nurse and thereby save many "nurse-steps". A pillow radio and individual built-in lockers are two other features of the patient wards. Each locker is equipped with a strong box for depositing valuables.

There is a large solarium at the end of each nursing unit for convalescent patients. With early ambulation now a recognized feature of modern treatment, especially in surgical cases, a patient solarium is essential in any modern hospital. The nursing station is designed on standard lines and each has clean and soiled utility rooms. A "pass through" from the clean utility room to a treatment room is again designed to save nursing time. The treatment room is equipped not only to take a bed but also has an examination couch—for the ambulant patient. The linen room has sufficient floor space to house the laundry truck which comes up daily from the laundry in the basement.

Main metabolism laboratory.

Another "pass-through" has been placed between the nurses station and the small clinical laboratory. This space is occupied by the mobile chart rack which accompanies the doctor when he makes his ward rounds and when in place allows the doctor and the nurse to view charts easily from either side of the rack. A small clinical laboratory is an essential feature of a nursing unit. This laboratory is designed to deal with examination of bloods, urines, et cetera. Adjoining the laboratory is a small doctors' office for the review of case histories and minor conferences.

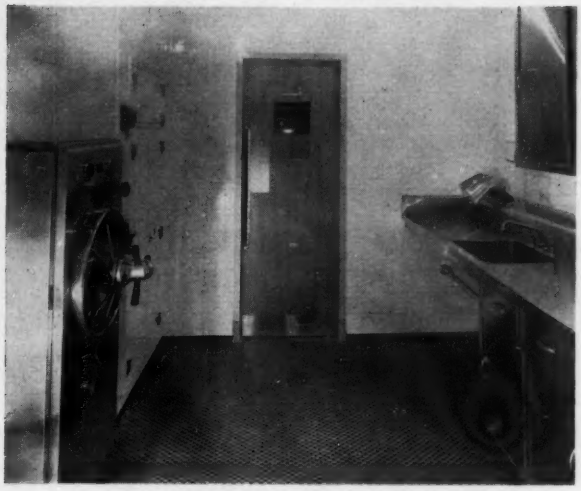
Serving each floor, and common to the two nursing units, are a waiting room, a ward kitchen and an area for the floor clerk. The waiting room is designed so that during the mornings it can be used for bedside teaching to under- and post-graduate students. The floor clerk's desk is so situated that she receives both visitors and patients as they reach the floor and by telephone she can intercept and answer many of the inquiries directed to the nursing unit.



Typical O.R., note viewing gallery, in rear. Two O.R.'s are equipped for TV.

The Dietary Department

This department is organized on traditional lines with a central kitchen serving as a cooking area for all food in the hospital for both patients and staff. The cooked food is transported by heated electric trucks to the patient



Sub-sterilizing room between O.R.'s

floors. Ward kitchens are used for the preparation of coffee, tea, toast and the storage of juices and milk. The dishes are also stored and washed there. Trays are prepared in the ward kitchen although the hot food is served from the heated trolley in the patients' ward. The initial capital outlay of this type of ward kitchen is high, especially when equipped with refrigerator, ice making machine, coffee-maker, milk dispenser, dish-washing machine, toasters, et cetera. However, in building modern hospitals today the dietary department is too often overlooked and modern industrial feeding methods are adopted. I believe that adopting these methods is bad hospital practice. Furthermore it is of paramount importance that attractive, palatable, well-cooked, hot foods be available for all patients. How often do we hear the words "institutional type food"? This type of food should never exist in the modern hospital. Careful planning of kitchens and methods of serving food are essential.

Operating Rooms

Altogether 12 theatres are available on the 8th floor. These theatres have been built in pairs with a scrub-up room and sub-sterilizing room between each theatre and serving each pair. The theatres are air-conditioned and windowless and are equipped with powerful operating lights which by means of a small sterile handle can easily be manipulated by the surgeon during an operation. In addition to oxygen and suction, nitrous oxide has been piped to each theatre. Two of the theatres are equipped with viewing galleries useful for medical meetings but not essential for the teaching of medical students.

Adjacent to the theatres are the recovery rooms. After operation the patient is taken to the recovery room where he remains until recovered from the anaesthetic and in a fit condition to return to the ward. By this means the anaesthetized and acutely ill patient can be more expertly nursed and is always under constant supervision.

Also on the operating theatre floor is the central sterile supply room. This occupies a space of 4000 square feet. Here all the dressings, instruments and materials, with the exception of operating room instruments, are cleaned, packed, sterilized, stored and distributed to the whole hospital. For example, all syringes and needles for the hospital are prepared and issued. Although the initial capital outlay in setting up a central sterile supply room is high, the maintenance is very low.

(Concluded on page 112)

A section of the central sterilizing area on the eighth floor.

—M.G.H.—

On a Hillside Site

McDougall, Smith & Fleming
Architects,
Montreal, P.Q.

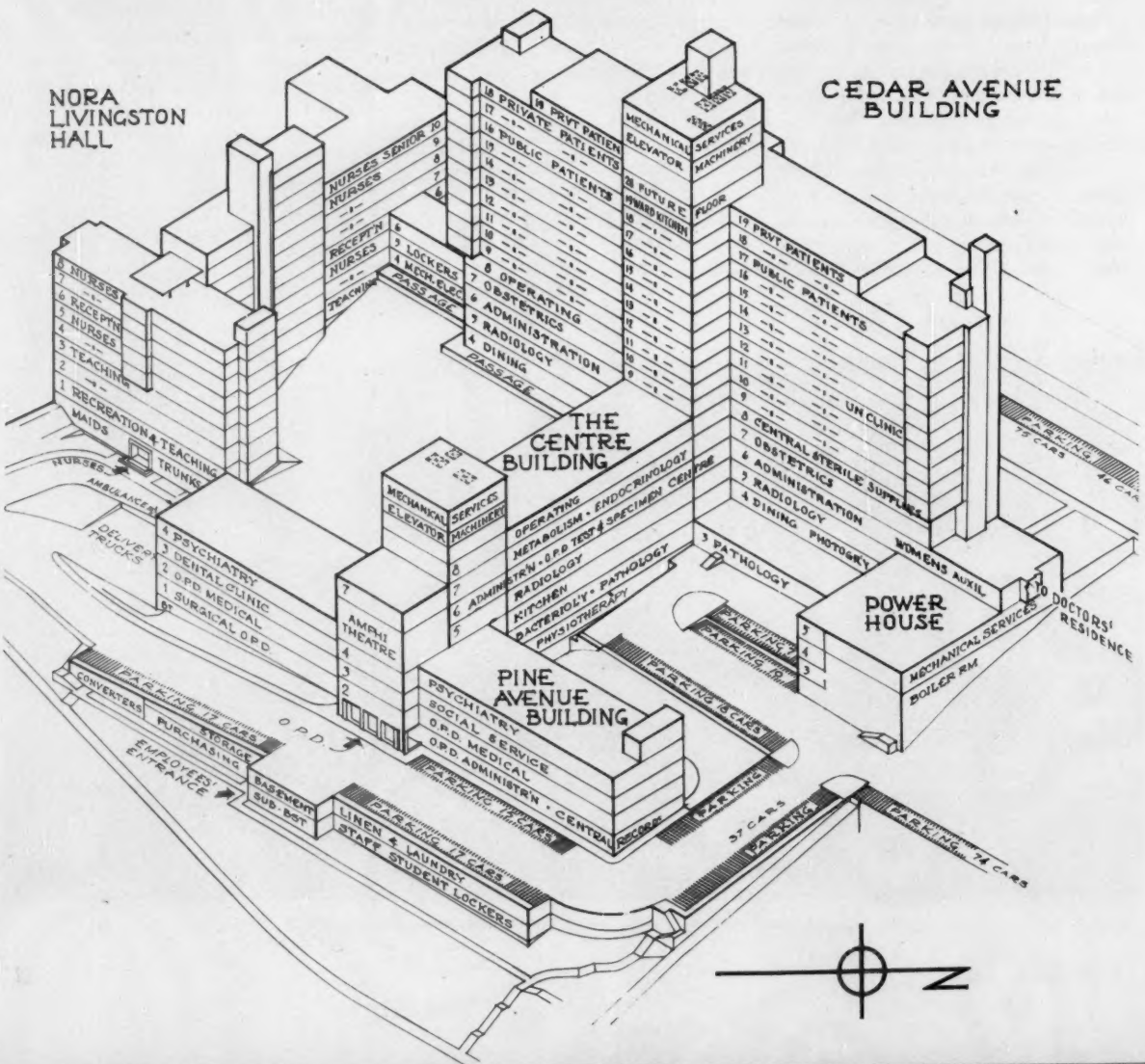
THE MONTREAL General Hospital is now situated between Cedar and Pine Avenues, just east of Côtes des Neiges Road in Montreal. It is about half a mile from McGill University and practically in the centre of the English-speaking population on the Island of Montreal.

The site comprises 385,000 square feet or about 8.85 acres with a difference in level between the two avenues of 120 feet. The seeming difficulties presented by this condition were, however, turned to advantage by the evolution of an unusual plan which provides means of access to the buildings at many floor levels, not generally possible in developments of this type. For example—by entering the property at the highest point on Pine Avenue, ramping up to the entrance there which is forty-five feet above street level, and by taking advantage of the space under the road-way, a well-lighted area comprising a sub-basement and basement was created, having a width of 115 feet (see below).

The Pine Avenue building contains, among other units, the out-patients' department, the McGill Dental Clinic, Psychiatric Day and Night Centre, psychiatric in-patient department, and an amphitheatre seating 226.

The ambulance entrance is situated on the first floor at the rear of this wing and immediately adjacent to the emergency section of the surgical out-door department. This entrance is arranged to accommodate two ambulances indoors, with outside parking for five taxis, police cars or others who may be accompanying the patient.

Cases arriving by ambulance for admission to wards pass directly through the admitting department to the Cedar Avenue elevators and thence to their desired location. *En passant*, it might be noted that all points within the hospital are accessible by the use of only one elevator.



An aerial view.

Taking further advantage of the various levels, there is a basement service entrance with an indoor loading dock adjacent to storage areas, providing accommodation for four trucks. In the east courtyard behind this wing at the third floor level, the morgue, which adjoins the autopsy and pathology departments, has an exclusive exit. Facilities for the disposal of garbage not being incinerated are also provided at this floor level.

The Cedar Avenue wing, in addition to its accessibility from the lower floors, is more directly approached by a driveway separate from but parallel to the Avenue. The entrance here is six floors above the one on Pine Avenue. All in-patients are accommodated in this Cedar Avenue wing and the connecting link with the Pine Avenue wing contains the ancillary services, ideally situated and common to both in- and out-door patients.

Surgery. The operating room suite is situated on the eighth floor and comprises 11 major rooms, one minor and a plaster room, making a total of 13. Two operating rooms have viewing galleries with plate-glass screens and two others have a television booth between them so that operations can be televised to student classrooms in other locations. Major operating rooms have no outside windows and the entire area is fully air-conditioned.

Food Service. While opinions may vary as to the most efficient type of food service, it still remains one of the major problems in hospital design, calling for highly functional, efficient performance.

In the present instance, all food is received at the Pine Avenue service entrance already described, where bulk storage, the necessary refrigeration and a preliminary vegetable preparation section are located. Deliveries are made to the main kitchen on the fourth floor level via the Pine Avenue elevators. The food is taken to the cafeteria and dining rooms at the north end or by means of elevators, to the ward kitchen above, in electrically heated trucks for distribution to the wards.

Supplementing the elevator service, there are three electric push-button dumb-waiters connecting directly all ward kitchens.

X-Ray Department. This Department with its allied services occupies the entire fifth floor. Its situation permits the Cobalt Therapy Bomb being placed outside the building itself at Cedar Avenue which simplifies to a marked extent the radiation problem. The exhaust from radio-active isotopes will be carried outside the building to a height of ten feet above the twenty-second floor level.

The Laundry. This service is located in the basement with ample daylight and mechanical ventilation, while the handling is largely automatic.

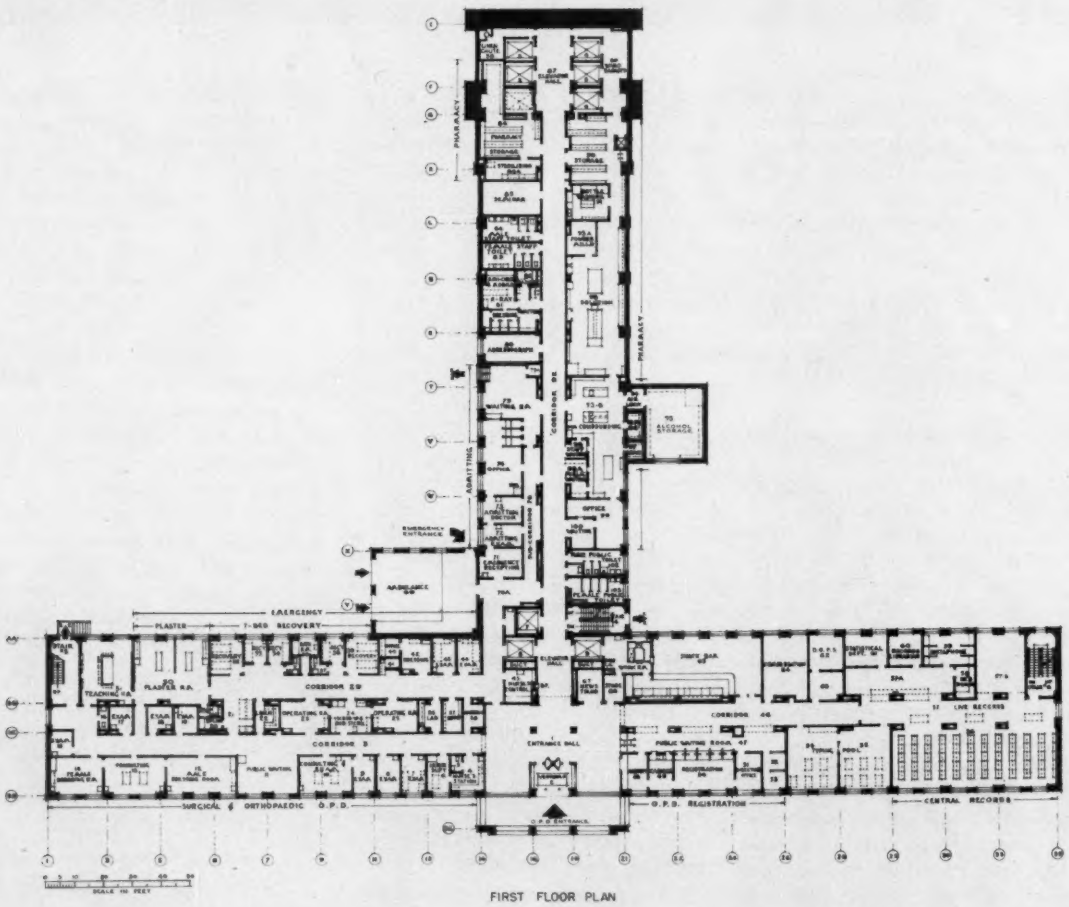
Pneumatic Tube System. The hospital enjoys the use of an automatic switching pneumatic tube system which provides a twenty-four hour service without special operators, facilitating the distribution of specimens and documents between the various departments.

Patient Accommodation

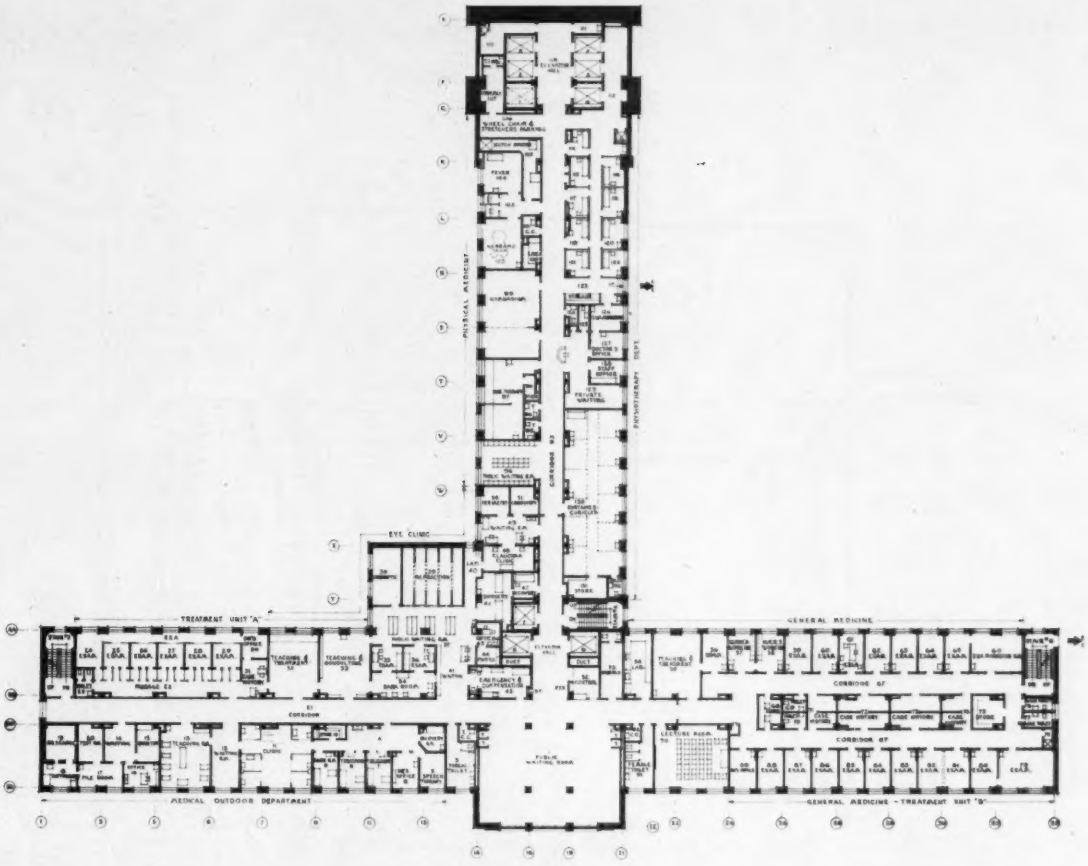
Private Rooms	127
Semi-Private and Public	528
Obstetrics	43
Operating Recovery	11
O.P.D.	7
Total	761
Bassinets	51
Total All Types	812

(Concluded on page 58)

Main rotunda, which is two storeys high.

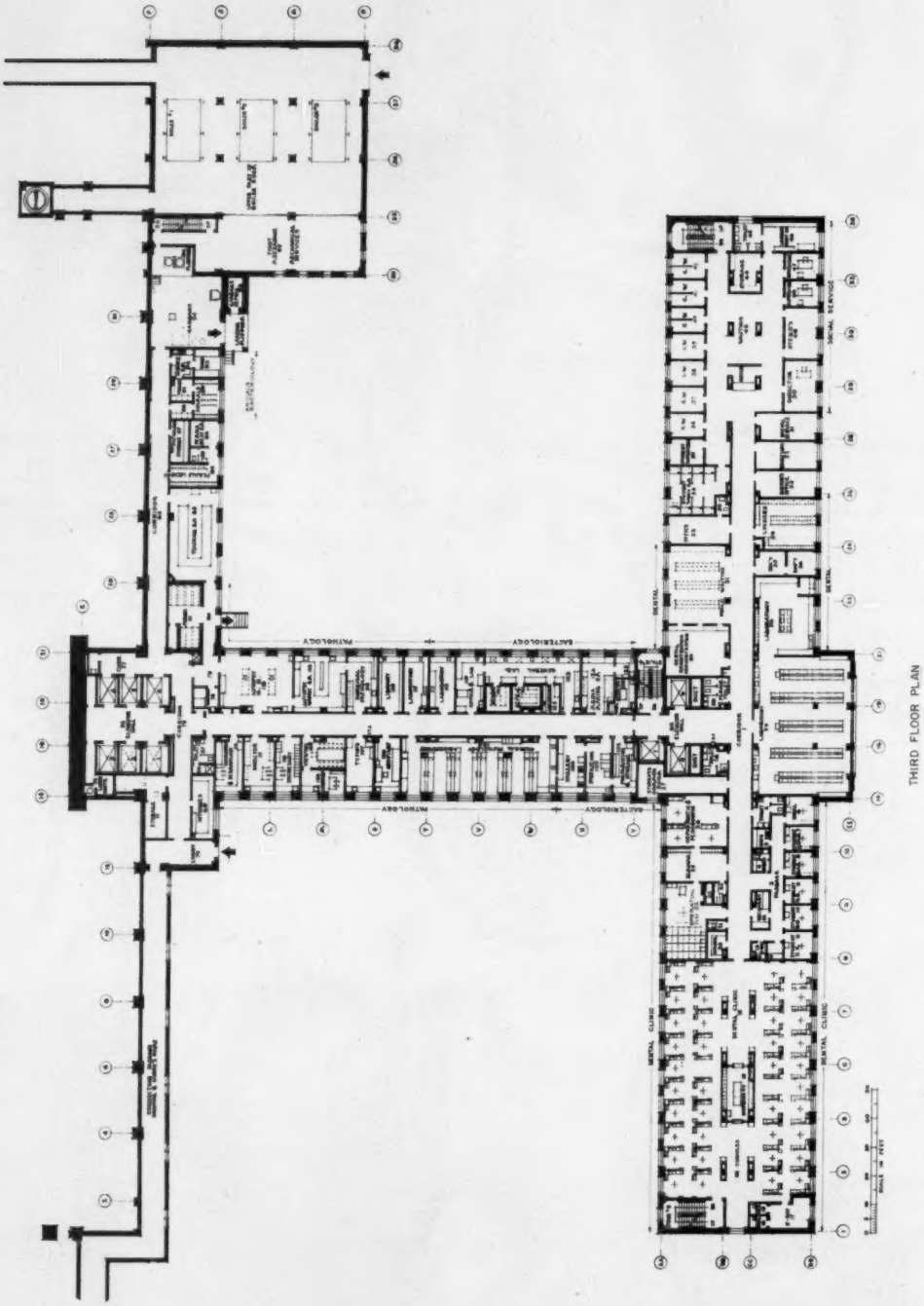


FIRST FLOOR PLAN

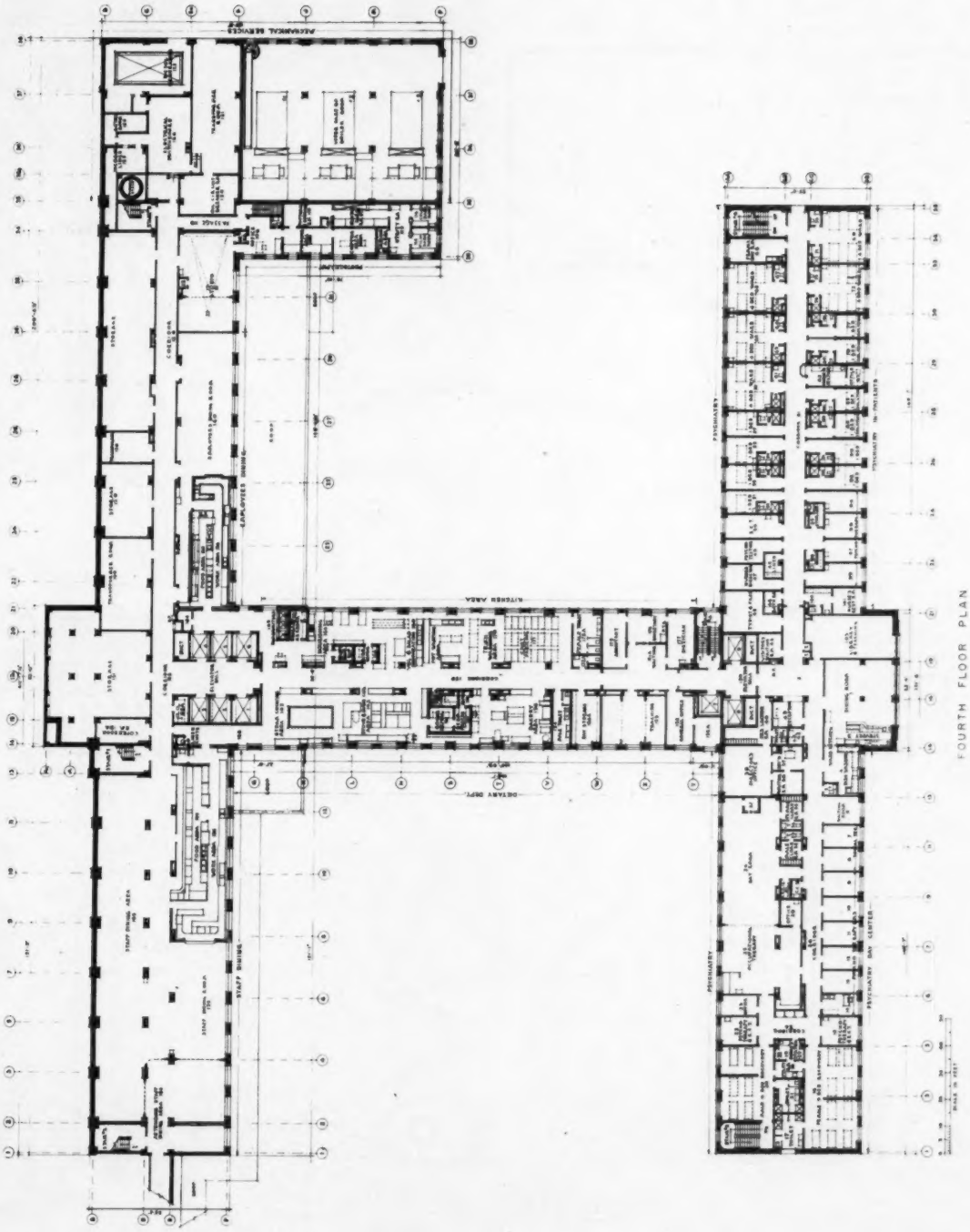


SECOND FLOOR PLAN

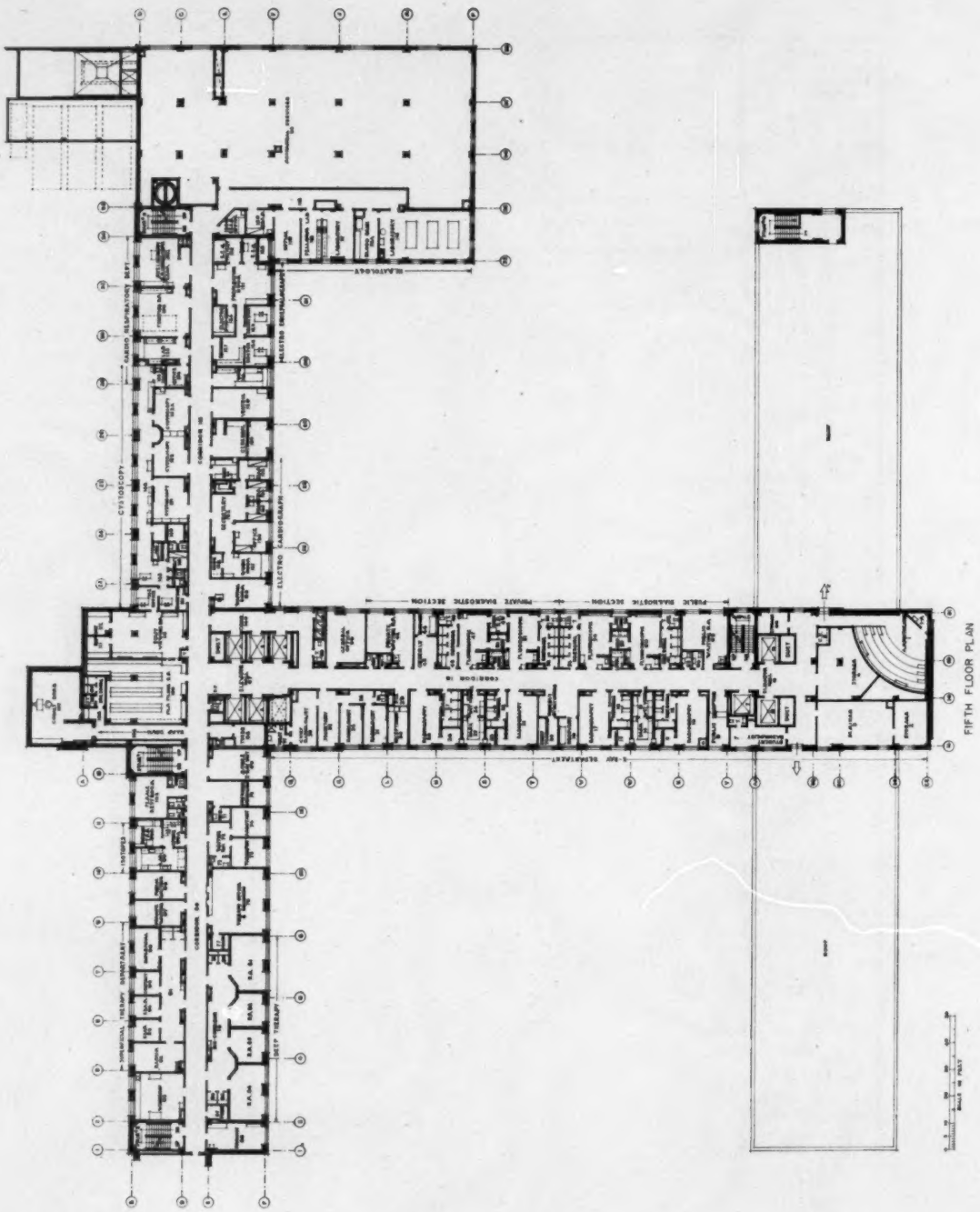
A section of the medical library.

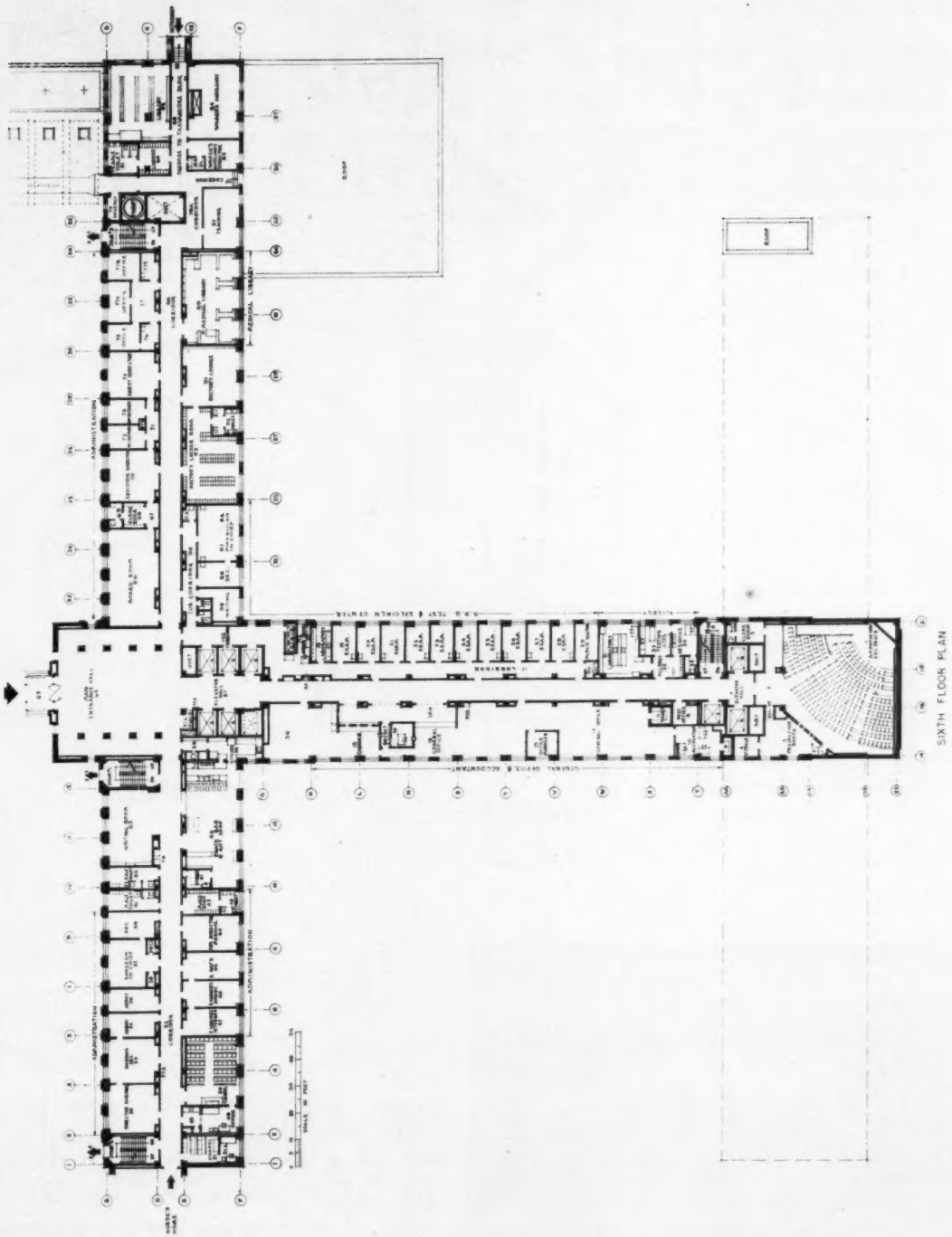


THIRD FLOOR PLAN



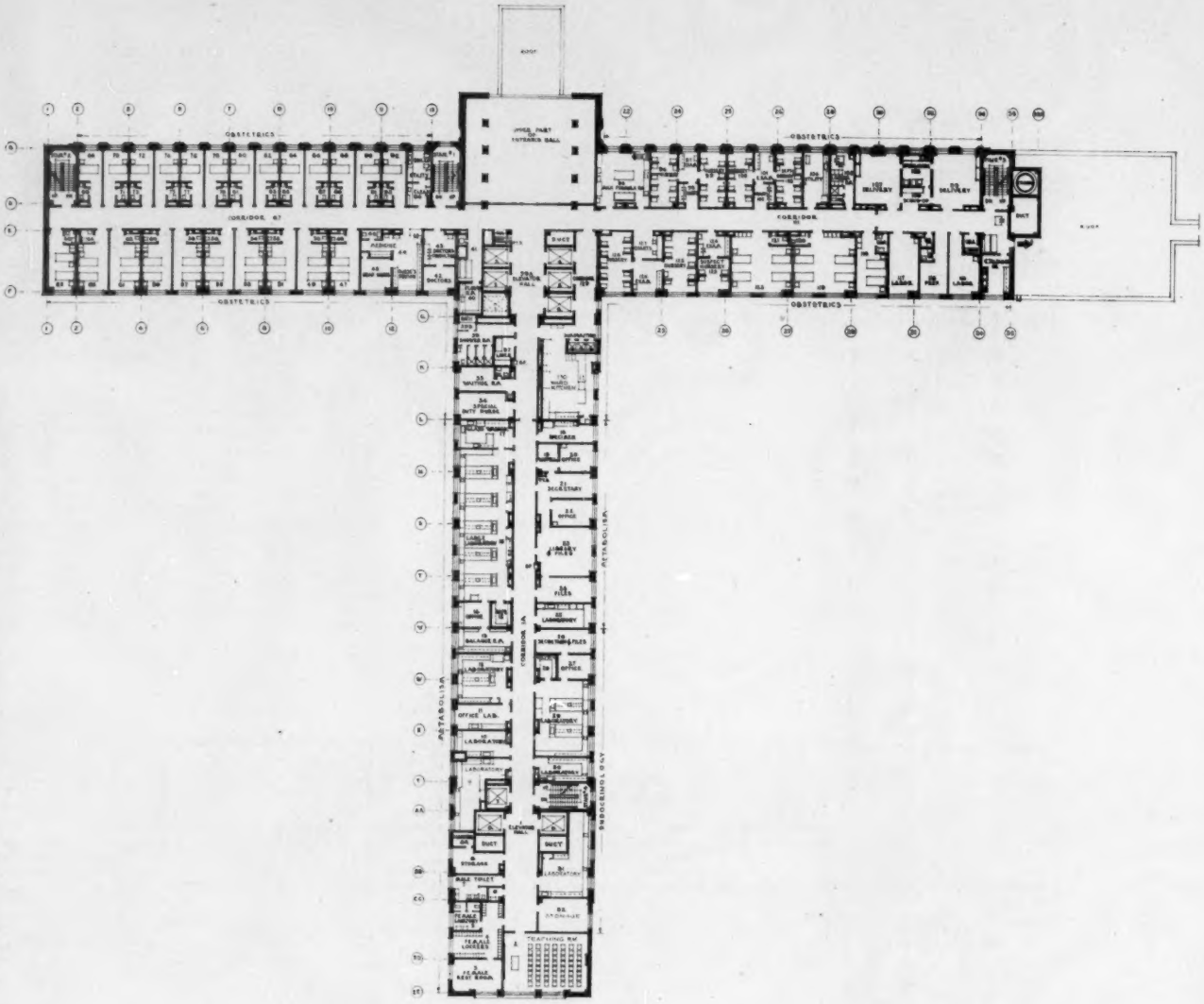
FOURTH FLOOR PLAN


FIFTH FLOOR PLAN



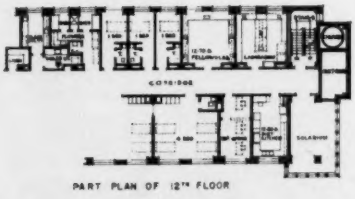
Architects: McDougall, Smith, and Fleming.

Consultant: Dr. Basil C. MacLean, New York.

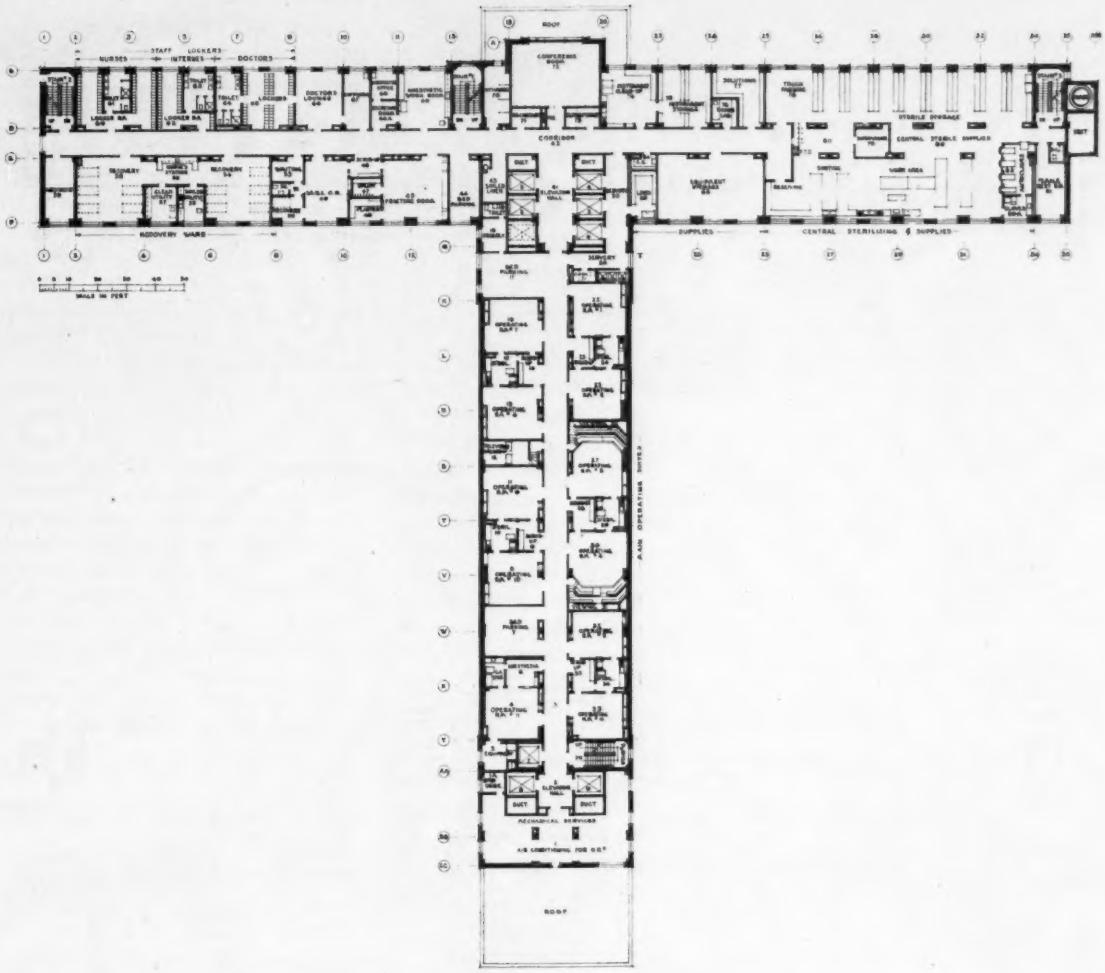


SEVENTH FLOOR PLAN

Main entrance on Cedar Avenue.

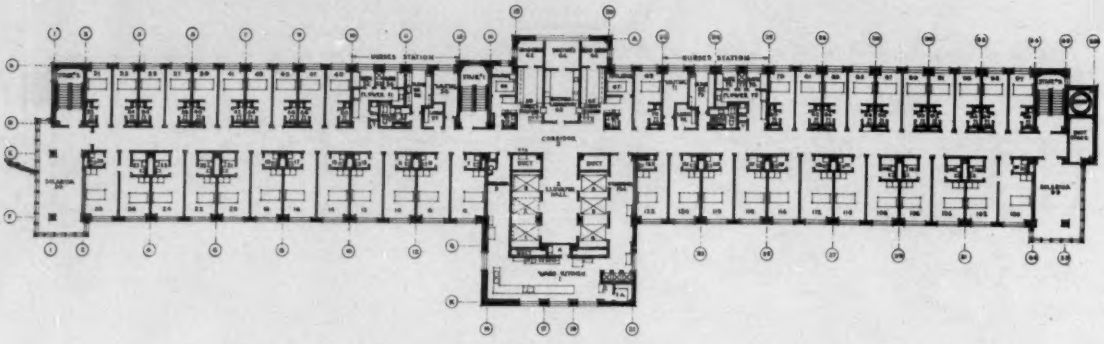


PART PLAN OF 12TH FLOOR

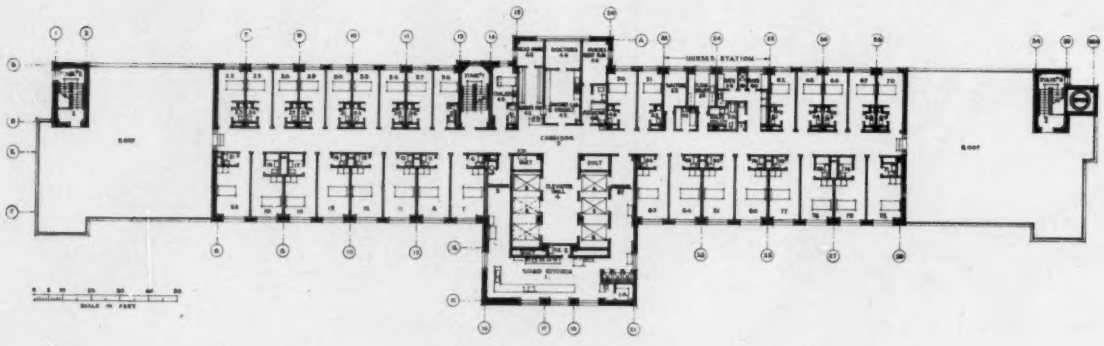


EIGHTH FLOOR PLAN

TYPICAL WARD FLOOR
NINTH TO SIXTEENTH FLOOR PLANS



SEVENTEENTH & EIGHTEENTH FLOOR PLANS



NINETEENTH FLOOR PLAN

Nurses' Home. The nurses' home is situated at the west end of the hospital buildings and is accessible from both Pine and Cedar Avenues. It houses 255 nurses in single rooms, has the usual living rooms, and includes a school for under-graduates, with class rooms and laboratories.

Interns. The interns are located at the opposite end of the Cedar Avenue wing to the east, in an apartment house which was purchased and re-conditioned to meet the new requirements. Accommodation for approximately 100 interns is provided.

Parking Facilities. In projects such as this, the problem of parking space for automobiles inevitably arises. With the nature of the site in view, this problem has been under continuous study.

At the moment there is accommodation for 333 cars or approximately one for every two bed-patients which would appear to be a fair average. However, with the large outdoor and dental clinic services contemplated, future developments in this direction are being carefully considered. If the costs were warranted and additional parking becomes necessary, two of the existing areas could be double-decked which would add space for about one hundred and thirty more cars.

With the high cost of bed accommodation in mind, architectural embellishment and clichés have, to a large extent, been avoided at the Montreal General. The Cedar Avenue side which is close to the roadway has a limited amount of stonework added; but on the other elevations facing the city and seen from afar, the fenestration has been permitted to produce its own pattern amid the sea of brickwork. This rule also applies to the interior where the functions of the structure have been allowed to prevail, with a limited suggestion of applied adornment at certain focal points. ●

—M.G.H.—

A Nurse Comments

Mrs. Naida Mills, R.N.,
Clinical Instructor,
Department of Nursing,
Montreal General Hospital,
Montreal, P.Q.

SUNDAY, MAY 29th, was indeed a red letter day for the nursing staff of the Central Division, Montreal General Hospital. This was our moving day. As we prepared to dedicate ourselves anew at the new site, many problems confronted us, particularly those dealing with nursing service under new and strange conditions. Although we have been in the new building only a few months we are already reaping the benefits of many improved facilities for nursing care.

For most of us the pneumatic tube was a new and awe-inspiring channel of communication. Many precious minutes are saved every day by the use of the tube between the various departments. Because of the tube system it is rarely necessary for nursing personnel to leave their departments—a saving of valuable nursing time.

In preparing for the move an orientation program was established. Months before the building was completed, groups of nursing personnel visited the site to familiarize themselves with the new surroundings. As the building neared completion, head nurses spent hours going over their particular unit with their staffs. For this reason the new hospital was not an unexplored maze of corridors on moving day.

In the old building we lacked the advantages of a post-anaesthetic recovery room. Long hours were spent with anaesthetized patients on the various wards, hours which could have meant extra care for other patients. During the first six weeks, the recovery room cared for 945 patients.

Ward secretaries are on duty to answer calls pertaining to the patients and to assist the nurses in numerous ways. Previously the charge nurse was required to answer the telephone frequently during each 24-hour period. These secretaries work for a period of eight hours servicing the wards for 16 hours out of every 24. The ward secretaries are doing much to lighten the nurses' load.

The "nurse-savers" are well named. The inter-'phone system between the individual patient and the nurse's station is a wonderful time-saver and, as coined, a nurse-saver. The patient is able to make his requests and the nurse may answer him. Also, it is possible to leave the inter-'phone opened to a particular room to listen for untoward signs, such as dyspnoea or choking. Nurse-savers are used primarily as inter-communications, however, and only on rare occasions as a listening post. The vast majority of nursing care is still carried on at the bedside.

The central sterile supply department plays an important role in the hospital. No longer do nurses spend long hours sterilizing instruments and other items on the wards. All sterile equipment is issued by the central supply, from simple 2″ by 2″ gauze dressings to ventriculogram sets. That department also handles the operating room equipment, including linen and autoclaved packs. The department is also responsible for the packing and sterilizing of linen for the nursery and the instruments and other sterile goods used in the delivery room. For the most part the central sterile supply department is staffed with nursing assistants, leaving the professional workers for active nursing positions. In all departments of the hospital the various tasks are carried out by personnel best adapted to the job.

More and more, in the new building, "team nursing" is being carried out. The graduate nurse, the student nurse and the nursing assistant, all working together for the welfare of the patient, comprise the "team". In the early spring two head nurses attended a course on team nursing conducted by the Department of Nursing Education at Columbia University, New York City. The information these nurses brought back greatly helped us develop good nursing teams.

The problem of serving meals has always been a major factor in ward routine. However, for the most part, in the new hospital all meals are served by the diet kitchen personnel. The fluid diets are prepared by the dietary staff and served by ward aides.

In the old hospital, many hours were spent each week in sorting and piling linen. The use of laundry carts has dispensed with this time-consuming task. Daily, large metal carts are wheeled into each ward and the nursing staff take their daily requirements of linen from the carts. Any linen not

Typical 4-bed ward.

Typical nurses' station with the nurse at the desk answering a patient's call. Left, a nurse files a case record.

used is returned to the sorting room. The quota for each department varies according to the daily needs.

The room furnishings have greatly assisted and eased the nursing load. No longer do nurses have to carry heavy intravenous stands to the bedside. Each bed is equipped with two openings, at the top and bottom, where small, easily handled stands may be placed. Also, more crib beds are available so that, for the most part, bed sides are not required.

In our new and modern hospital we all are striving toward improved nursing care. Our building is new but the tradition of The Montreal General Hospital dates back to 1821. We stand on the threshold of a bright, shining future—looking back over years of outstanding achievement and looking ahead to new and broader horizons. ●

—M.G.H.—

Psychiatric Night Treatment Centre

A. E. Moll, B.C.L., M.D., C.M.,
Chairman and Director, Department of Psychiatry, Montreal General Hospital, Montreal, P.Q.

HEALTH was aptly described by the ancient Romans as *mens sana in corpore sano*, but the full import of this definition did not become clear till recent years when modern advances of medicine produced ample evidence that in order to remain healthy, the human organism has to reach a satisfactory level of homeostasis, not only physically but also psychologically. Perhaps one may take exception to the definition of health as "a healthy mind in a healthy body", in that it tends to convey a dichotomy between mind and body, a dichotomy which can no longer be justified on the basis of present knowledge and which finds its source in the limitation of human thinking.

Today we know that physical and psychogenic symptoms can be interchangeable, that impaired adaptation to internal and/or environmental stress may produce physical symptoms in some people and emotional symptoms in others, and that not infrequently the removal of physical symptoms in certain individuals may lead to the emergence of mental symptoms, or vice versa.

General hospitals, and more especially teaching hospitals, can no longer limit their activities to the treatment of physical illnesses, since such treatment would be only a partial one insofar as the needs of the community are concerned. Adequate hospital service today entails the treatment of symptoms, irrespective as to whether their manifestation is in the nature of organic or psychic pathology. These are the concepts which have played a part in the organization of the psychiatric department at the Montreal General Hospital, with its fine tradition of service to the community extending well over the span of a century. In 1949, with the much-appreciated assistance of a dominion-provincial health grant, a psychiatric ward of 15 beds was established at the Central Division, three years after the establishment of outpatient and consultation services. Some time later (October, 1950) a day treatment centre was established at the Western Division, the first unit of its kind in Canada, I believe, to be an integral part of a general hospital, but second to the already existing day treatment facilities organized by Dr. D. Ewen Cameron at the Allan Memorial Institute of Psychiatry.

The management of the psychiatric in-service and of the day centre has already been reported in previous publications, [1,2,3*] and in this paper I will limit my observations to the night treatment unit or, more briefly, to the "Night Centre".

The idea of a night treatment unit took shape in 1950 but could not be put into effect until much later because suitable premises were not available. In the fall of 1954, pending the move

For references, see page 130

to the new location of the Montreal General Hospital, the psychiatric service at the Day Centre had to vacate its premises and move to the second floor of the Western Division. It was then decided not to postpone the opening of a night centre any longer and to put this form of service into effect, even if on a very minor scale, as a pilot study, with the view of extending this service when more adequate facilities would be provided at the new Montreal General Hospital. The Night Centre at the Montreal General Hospital thus opened its doors in October, 1954, with the main objective of offering treatment to individuals in need of psychiatric help but still able to carry on with their occupations. The facilities are comparable to those of the day centre but more emphasis is placed on preventive psychiatry, the aim being to treat psychoneurotic, psychosomatic, or early psychotic illnesses before they have reached the stage of interrupting the patient's work and earning power. Psychotherapy, both individual and group, modified insulin, electro-convulsive and abreactive treatments are available, together with occupational, recreational and social therapies.

Treatment is offered on five nights of the week, patients reporting to the Night Centre at 6:00 p.m., spending the night at the centre and leaving the hospital the following morning in time to report back to work. No treatment is given during the weekend for two reasons: one, to make it possible for the patients to spend some time at home and to retain their social contacts and activities; and two, to give the psychiatric staff some respite from their onerous duties.

The Night Centre and the Day Centre patients occupy the same premises, the Day Centre patients reporting at 8:30 a.m. daily and occupying the beds vacated by the Night Centre patients an hour earlier. Indeed, the beds (a total of 15 in the new hospital) are occupied by three different groups of patients consecutively during the 24 hours, namely, by the Night Centre patients during the night, by the Day Centre patients undergoing subcoma insulin during the morning hours, and by the day patients or outpatients requiring convulsive therapy in the afternoons. Thus 15 beds can actually take care of 45 patients in 24 hours, a situation which, at one point, required some elucidation in view of the raising of administrative eyebrows because of "excessive" demands for bed linen.

Selection of Patients

The original motivation in establishing a night treatment unit was directed towards the treatment of individuals in need of psychiatric help who, for financial or other reasons, could not afford to take time off for hospitalization. Heretofore they would struggle with their anxieties, phobias, depressions, et cetera, and carry on with their jobs until the breaking point had been reached and admission to hospital had become imperative, by which time the pathological process had progressed to such an extent as to make treatment longer and more difficult. In the course of these events the illness not infrequently had led to distressing disruption of the home and to impaired work performance which threatened loss of employment. The motivation was thus directed largely towards the treatment of individuals employed in industry and to this effect a letter was circulated to the physicians in the city employed in industrial work, to let them know of the new psychiatric facilities available at the Montreal General Hospital. However, it wasn't long before we realized that the beds, at least for the first month or so, were being occupied by patients who had been referred by the psychiatrists on the attending staff or the resident staff, patients who for one reason or another would benefit from treatment at the Night Centre.

For instance, there are patients who, during the course of psychotherapy, may require a brief stay in hospital for supplementary physical treatment (modified insulin therapy, electro-convulsive therapy, abreactive therapy) to tide them over an acute phase or patients who have to be treated psychotherapeutically in an ambulatory capacity because they refuse treatment in hospital or, finally, patients who are carried on a provisional basis, pending clarification of the diagnosis and ultimate disposal. These are the patients who found their way to the Night Centre as soon as treatment facilities were made available. Following are a few examples:

Case 1. A female school teacher of about 40 presented symptoms of depression and anxiety. She suffered from a chronic depressive state and was also somewhat paranoid in her relationship to her family. Her work as a teacher was her only salvation. Unfortunately her symptoms had become more acute and she was slipping fast, and in order to stop the landslide she was admitted to the Night Centre. Her sessions there were somewhat stormy. She became involved with nurses and other patients, and mildly suspicious in her relationship to the nurses, thus duplicating the family picture. All this was worked through in therapy at the Night Centre. She was greatly improved and was able to carry on with her occupation. It was felt that this patient would have been unable to tolerate the psychiatric ward as an inpatient and also the day centre setting because of more intensely involved in-

View of hospital from the south west. The psychiatric department is located on the fourth floor of the Pine Avenue building, seen in the foreground.

ter-personal relationships, whereas, spending the night at the Night Centre, doing her homework and socializing with the other patients, she was able to receive treatment which would otherwise have been unavailable.

Case 2. A female patient of about age 45, employed in a clerical capacity, was admitted to the Night Centre suffering from a chronic depressive state with both reactive and endogenous components. She had feelings of loneliness and deep-seated rejection. She had been treated previously as an inpatient and had improved to some extent. However, a year later her symptoms started recurring. She was taking more time off her work and this she could not afford, since she ran the risk of being fired. She was accordingly admitted to the Night Centre to forestall a further slump. She was somewhat quiet and depressive on admission but she formed a readily dependent relationship to the therapist and the nurses, and eventually regressive features became less prominent and she was discharged much improved. The treatment in this case was successful in preventing further deterioration.

Case 3. A stenographer of about 30 was admitted to the Night Centre complaining of generalized tension, tremors, feelings of irritability and some depression. These symptoms had been present for about two months but she gave a history of numerous hospitalizations at other hospitals, including a provincial mental hospital, for anxiety and depressive states, with suicidal attempts. She was very hostile towards her parents and more especially towards her mother for forcing her into an occupation which she utterly disliked. The salient feature in this case was much-repressed hostility towards her mother and women in general, leading to fainting spells and to the loss of jobs because of sudden intense outbursts of hostility. On previous occasions insulin treatment appeared to abort the acute phases. On this occasion her maladjustment was reaching such intensity that unless something was done for her she was threatened by the loss of her job. She was, therefore, admitted to the Night Centre and given subcoma insulin therapy. At the centre, as to be expected, she manifested violent outbursts of anger towards the nurses and the trained attendants. This was weathered by all concerned and to her surprise she found that the world didn't disintegrate because of her own intense hostility. The patient attended the Night Centre for a period of two months, gained some insight into her feared impulses, and was discharged improved.

Case 4. A female patient of about 40, librarian by profession, was undergoing a course of individual psychotherapy at weekly intervals for symptoms of mild confusion, impairment of concentration which greatly interfered with her work, anxiety, depersonalization, and depression. She had been treated a few years ago for a schizophrenic state with insulin and electroconvulsive therapy in the psychiatric ward of the Montreal General Hospital, and had obtained a reasonable degree of improvement such as to enable her to carry on with her occupation until about six months ago when, because of added environmental stress and some difficulties of a personal nature, some of the symptoms recurred and she was advised to undergo a further course of psychotherapy. Her condition was quite a chronic one and psychotherapy was necessarily a slow process. I was greatly tempted to recommend her readmission to hospital, as I feared that she might develop another schizophrenic episode. However, just at that point she reported a dream in which she was in my home and I had been very nice to her. I promptly suggested treatment at the Night Centre, thus symbolically satisfying her wish by inviting her to my home, namely, the Night Centre. She very readily agreed to this and after five weeks at the Night Centre her acute symptoms abated and she was discharged feeling quite able to carry on by herself. Throughout this period there was no interference with her working hours.

These few examples, taken at random from our files, serve to illustrate some of the advantages which might accrue from treatment at a night centre. However, it was only about two months after the opening of the centre that cases referred by physicians employed in industry started coming in, and this is the group of patients who benefit most from treatment after working hours, while the symptoms have not yet become too firmly fixed. A few examples might illustrate this group:

Case 5. A male patient of about 35 had developed symptoms of anxiety and tension shortly after accepting a promotion in his firm. He had developed panic attacks when going to work, was unable to sleep or eat. Apparently he had done an excellent job in organizing a department in his company and he had been offered several promotions which he had reluctantly refused. On this occasion he was told that it would be inadvisable for him to refuse the promotion and so, with much reluctance, he accepted it. His symptoms had their onset shortly thereafter. He was an only child, overprotected by his mother, always somewhat chronically anxious and obsessive in his approach to work, with an intense need to please his employers. His father was a hard man and the patient's insecurity in his masculinity was quite marked. He had married a rather motherly, protecting woman. He was admitted to the Night Centre and there he received 31 subcoma insulin treatments with a maximum dosage of 50 units. He tended to develop perhaps an over-dependent relationship on the Night Centre, but his anxiety, nevertheless, became reduced and with further insight into his difficulties he was able to assume the extra responsibilities attached to his promotion and to carry on quite satisfactorily.

Case 6. A man of about 35 years of age was referred by his company doctor because of recurrent depression. Two or three years ago he had had a depression for which he had received electro-convulsive therapy and modified insulin, with good recovery, in another hospital abroad. He came to Canada four years ago, and, after three very successful years as a drafting engineer, changed companies for better pay and better opportunities. Since changing jobs he had become anxious and depressed. He complained of somatic difficulties, spots before his eyes, headaches, heart symptoms, feelings of tension, depression, and fears. He showed great anxiety about treatment and did not want shock treatment if it could be avoided but was also anxious to remain at work if at all possible. He was admitted to the Night Centre and treated with modified insulin with unsatisfactory results. A course of electro-convulsive therapy was therefore instituted, with marked improvement. The depression lifted, he once again became interested in people, in his family and in his work,

(Continued on page 122)

Dental Clinic

A part in general health service

E. S. Dorion, B.A., D.D.S.,*
Department of Dental Radiology,
McGill University,
Montreal, P.Q.

OCCUPYING almost half of the vast third floor of the Montreal General Hospital building is one of the most modern dental clinics on the North American continent.

This new clinic is recognition of the important part played today by dentistry in general health services. Not only does it provide hospital patients with the most up-to-date dental service but, as the McGill University dental clinic, it gives valuable clinical instruction to third- and fourth-year dental students.

Approximately a quarter million dollars was spent by McGill University for space and equipment for this department. The dental area consists of about 30 rooms. Largest room of the area is the general dental clinic located at the end of the third floor hall. Thirty-eight neat, compact cubicles are contained in this room—each cubicle constituting a complete dental unit that occupies an area measuring 7½ by 8 feet.

This bright, airy clinic room is softly decorated in green and grey pastel tones. Each cubicle offers the utmost privacy to the patient. When the patient is seated he is completely out of view from the rest of the clinic; which induces a favourable psychological attitude, particularly on the part of younger patients.

Main feature of each cubicle is, of course, the dental motor and compact cabinets. The units are also equipped with compressed air, warm water, mouth-wash spray outlets, gasburners, over-head operating lights, and attached bracket tables to hold the instrument trays. The entire clinic is fluorescent lighted, giving a bright cheery atmosphere.

Units are also equipped with rotating seats permitting students to be trained to work from a sitting position without loss of accuracy in operating.

The sides of the cubicles house cabinets to hold instruments and medicaments and even the normal business records that go with an all-inclusive dental office. X-ray view boxes and sterilizers are also features of the units. A wash-basin and clothing cabinet serve every two cubicles.

Members of the University faculty instruct and supervise students in clinical work. Each cubicle is occupied by a third- and fourth-year dental student. The entire dental area was designed to save steps for students and staff alike. For this reason, the supply room is located in the centre of the general clinic. X-ray machines and darkrooms are located on both sides of the clinic within easy access of everyone.

An over-head, visual screen numbered to summon anyone called dominates the general clinic. Also, an

(Concluded on page 66)

** The author is also chairman of the public relations committee, College of Dental Surgeons of the Province of Quebec.*

Close-up view of a dental cubicle is shown here.

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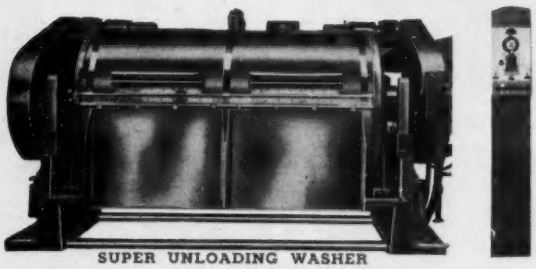

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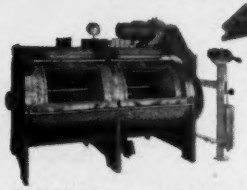

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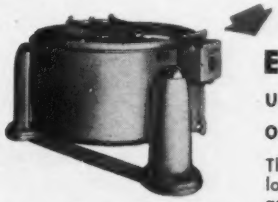
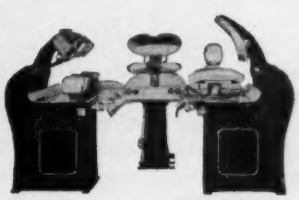


EXTRACTING

UNLOADING . . .

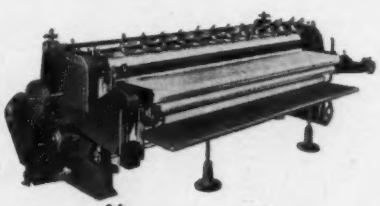
OPEN TOP . . .

The SUPER 54" and 50" Unloading Extractors and the 48" and 30" Open-top Extractors feature underdriven design . . . smooth acceleration . . . deceleration . . . positive safety cover interlock . . . all-steel outer curb . . . electric self-actuating brake . . . selective timer . . .choice of stainless steel or Monel metal . . . 80 lb. to 400 lb. capacities.



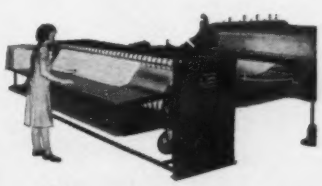
PRESSING . . .

Air-powered *SUPER AJAX LAUNDRY PRESSES* deliver outstanding production records and superb quality. Fast-action mirror-finished steel heads exert tremendous pressure. Matched shirt and linen supply units, plus all other head and buck styles. Two-hand safety controls.



IRONING . . .

Choose *SUPER CHEST-TYPE FLATWORK IRONERS* in 2, 4, 6 or 8 roll sizes for any desired capacity. Two-roll size available in return-apron model where floor space is limited. Or choose the famous *SUPER CYLINDER IRONERS* in 1, 2 or 3 cylinder sizes . . . both sides ironed in one pass!



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For large flatwork volume, *SUPER AUTOMATIC FOLDERS* with electric-eye operation deliver enormous savings . . . fold 12 to 16 sheets per minute direct from ironers with only one girl receiving. Handles flatwork from 30" to 90" range; by-passes out-of-range articles automatically. Adaptable to almost any type of flatwork ironer.

ALL SUPER EQUIPMENT built to rigid Federal specifications. Get genuine SUPER parts and service.

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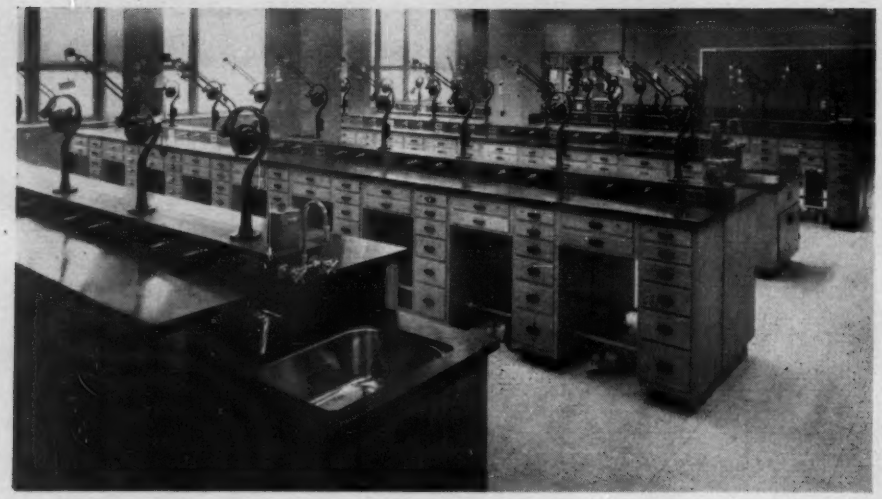

The dental laboratory at the hospital.

(Concluded from page 63)

audio system, connecting sections of the dental area, has been installed for the same purpose.

A complete operating theatre is another important feature of the dental area. It is equipped with a chair which can be converted rapidly and easily into an operating table. The room is equipped for piped oxygen, eliminating the need for cumbersome cylinders. A giant autoclave enables sterilization to be carried on in the room itself. This theatre is equipped with a gallery so that students can observe operating techniques. Conduits were also installed for possible future telecasts of surgery on a closed circuit.

Adjacent to this theatre is a recovery area where surgical patients can rest and be watched by staff members in case of complications following an operation.

Important emphasis has been placed on children's dentistry, with three rooms being devoted solely to orthodontia and pedodontia. Also, there are three oral diagnosis and examination rooms, a pathology study laboratory, and an x-ray interpretation room. A seminar room, centrally situated, provides facilities for discussion and teaching.

Another very important area in this department, and only surpassed in size by the general dental clinic, is the laboratory. Here students construct any dental prosthetic appliance needed, using the most up-to-date mechanical aids. Each student has a work bench where he can work standing or sitting. Ample drawer space is supplied for instruments and materials. A four-speed engine is mounted between each two benches and is shared by a senior and junior student.

It is expected that the dental clinic will treat approximately 6,000 patients a year.

An over-all view of the dental clinic.

Half Century of Dentistry

This month the Faculty of Dentistry at McGill will celebrate the 50th year of dental education at that university. In 1904 a dental department was established as part of the Faculty of Medicine and two years later an outdoor teaching dental clinic was provided.

This University Clinic had its birth in a room of the Central Dvision of the Montreal General Hospital and therf it remained for 17 years. Having passed successfully its adolescent stage, a new clinic was built as an annex to the hospital. This proving ground was intended to serve patients and students for about 12 years but, in fact, did serve for 32.

And now, in the words of Dr. Frank L. Burns*, "the status of full manhood is achieved with the completion of the ultimate in dental teaching clinics", and again its host is the Montreal General Hospital. The new clinic's 13,000 square feet of planned space stands as a monument—a monument to those undaunted pioneers of dentistry in the province of Quebec at the turn of the century; to the deans anl their staffs during the intervening years; and to the admirable progress achieved during dentistry's half-century at McGill.

**McGill Dental Review, June, 1955.*

New! Vinyl coated fabrics that feel as "real" as they look!

MONSANTO 3-D

Pattern Name • Palmetto
Color • Poppy Red

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OAKVILLE, ONTARIO

MONSANTO

The Cloverleaf Hotel, Etobicoke, Ontario made smart use of Palmetto in Poppy Red combined with Nubbe in Glacier Blue to decorate its ladies' lounge.

Here's Monsanto 3-D—a new kind of covering for walls and furniture where beauty and long, hard wear are required. 3-D combines the rugged durability of *vinyl* with an exclusive three-dimensional effect never before produced in Canada.

This Palmetto texture in Poppy Red is just one of 48 possible combinations. 3-D also comes in strikingly realistic surfaces of Bamboo, Straw and Nubbe—all in twelve versatile decorator colors.

For samples, specifications and prices, write, wire or phone:

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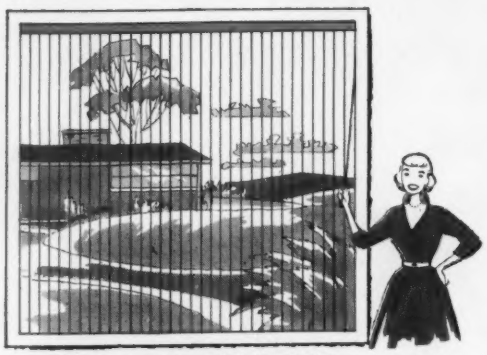
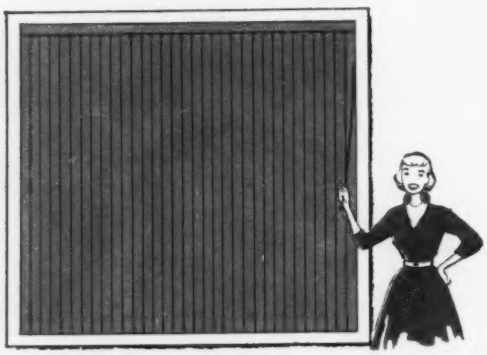
See what a magic difference

WITH NEW Kirsch VERTICAL TRAVERSE BLINDS



ROTATE LIKE VENETIANS



PERFECT PRIVACY

OPEN LIKE DRAPES

Brighten your rooms with the newest, smartest thing in window decorating —Kirsch Vertical Traverse Blinds! An excitingly different type of blind, Kirsch Verticals have all the advantages of deluxe "Venetians" with extra features all their own. Kirsch Verticals not only give smooth-operating, light-and-air control, and close for privacy . . . they also **draw open**—like draperies—to give windows a fresh fascinating beauty.

Kirsch Verticals are ideal for patients' rooms, public reception rooms, staff lounges and nurses' residences.

When next your hospital, nursing or rest home is planning to redecorate its present rooms or open new ones, ask to see Kirsch Verticals.

All These Other Features:

- **No Cleaning Problem** . . . the smooth upright slats do not collect dust and dirt.
- **Lifetime Wear** . . . slats are made of metal, no tapes to wear out.
- **New Decorating Beauty** . . . wide choice of stunning colours—plain, "textured" or patterned.
- **Feather-light Operation** . . . on smooth-gliding nylon slides.
- **Versatility** . . . can be used alone or in combination with draperies and side draperies. Also make attractive room dividers.

Order from your department or home furnishings store, or through your interior decorator. Send for descriptive folder to . . .

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Instantly tells which doctors are in the hospital—and available.

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specify EDWARDS Hospital Systems for complete control and protection

The modern nurse needs information at her fingertips. She must know *without delay* which doctor is available in an emergency. She needs the correct *hospital* time. And most important, she must know when and *why* her patients need her—every minute of the day and night.

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SAINT JOHN MONTREAL TORONTO WINNIPEG EDMONTON CALGARY VANCOUVER

insures Ideal Temperatures Waste-Free Heating and Cooling

Among the many noteworthy features of the new Montreal General Hospital* is the precision regulation of heating, ventilating and air conditioning by a specially planned system of Johnson Automatic Temperature Control.

In the air conditioned operating rooms, delivery and nursery suites and other vital areas, optimum temperatures are maintained constantly by Johnson Thermostats, Valves and Dampers which control the operation of 14 air conditioning systems. The humidity of the conditioned air is also controlled on several of the systems, during both heating and cooling seasons. Complete safety, even in the presence of explosive anesthetic gases, is assured by the use of pneumatic control apparatus.

During the heating season, Johnson *Individual Room* Thermostats control Johnson Valves on convectors and direct radiation to insure the exact temperature desired in each room of the building, including all patient rooms as well as the air conditioned sections. Johnson Master-Submaster Control varies the temperature of the hot water delivered to each of four zones according to the outdoor temperature and sun load on the different exposures.

Additional comfort control is provided on the building's 18 exhaust ventilation systems.

All control apparatus in the building is combined into a single, highly efficient system that not only provides the desired conditions of temperature and humidity but accomplishes all this at the lowest possible heating and cooling cost.

An up-to-the-minute Johnson System, planned to meet the exact needs of the individual building, is the answer to your temperature control problems, too, just as it is in hundreds of Canada's newest and finest buildings. An engineer from a nearby Johnson branch will gladly explain, without obligation, how the superior comfort and economy features of Johnson Control can be applied to any building, small or large. Johnson Temperature Regulating Company of Canada, Ltd., Toronto, Ontario. Direct Branch Offices in Principal Cities across Canada.

*The Montreal General Hospital, Montreal. McDougall, Smith & Fleming, architects; McDougall & Friedman, mechanical engineers; Connolly & Twizell Ltd. and Ventilating & Blow Pipe Co. Ltd., mechanical contractors; all of Montreal.

JOHNSON CONTROL
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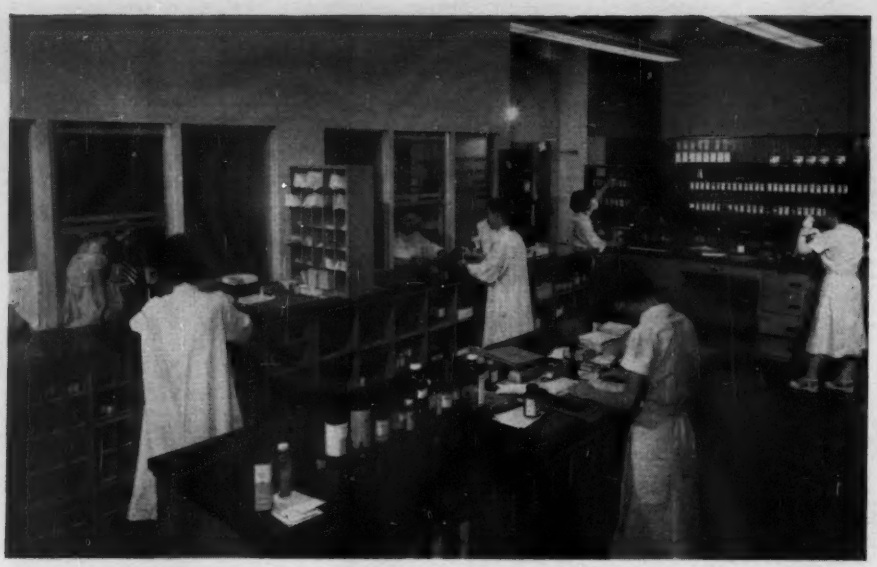


View of pharmacy showing two prescription wickets, one for O.P.D. and the other for staff. Compounding area is at the rear.

—M.G.H.—

The Hospital Pharmacy

Frank Zahalan, B.Ph., L.Ph.
Chief Pharmacist,
Montreal General Hospital,
Montreal, P.Q.

A HOSPITAL pharmacy to operate efficiently must be properly equipped and well staffed. It is needless to say that the prime function of the pharmacy is the welfare of the patient. To accomplish this, the pharmacy must be situated in such a location as to render complete service to both in-patients and out-patients. In a hospital such as the Montreal General, where there is a large out-patient department, it was preferable to locate the pharmacy adjacent to it. However, in so doing we did not lose sight of the fact that it should be readily accessible to the hospital proper. Therefore, the pharmacy was planned to conform with this general idea and as such was located in the wing which connects both buildings, the Pine Avenue building which consists of the out-patient departments and the Cedar Avenue building which houses the wards.

The pharmacy, which occupies approximately 5,000 sq. ft. of floor space, is a single unit on one floor level, is centralized, and consists of several sections. These are:

1. The out-patient dispensing area
2. The compounding and in-patient dispensing area
3. The bulk manufacturing department
4. The powder mixing and ointment tube filling section
5. Bottle washing room
6. Two storage areas
7. Parenteral solutions room
8. Litre solutions storage area
9. Inflammables vault
10. Narcotics vault
11. Walk-in refrigerator
12. Chief pharmacist's office and library
13. Various waiting rooms

The layout is such that it permits a smooth flow of traffic from either the crude substance area to the section where the finished product is ready for dispensing, or from the storage areas to the other sections of the pharmacy.

Operation and Duties

The pharmacy is open seven days a week: from 8:30 a.m. to 5:00 p.m. from Monday to Friday; Saturdays, Sundays, and holidays from 8:30 a.m. to 4:00 p.m. Service is available from the intravenous solution room from 8:00 a.m. to 8:00 p.m.

The pharmacy at present is staffed by: a chief pharmacist; an assistant chief pharmacist; six pharmacists; one stock-keeper; six porters; one secretary.

The pharmacy not only fills all prescriptions for patients but also supplies the various departments and laboratories with their chemical requirements. These may range from stains, re-agents, et cetera, to extemporaneous sterile solutions. It may be said at this point that the chief pharmacist not only directs the management of the pharmacy but also purchases all the chemical needs of the hospital.

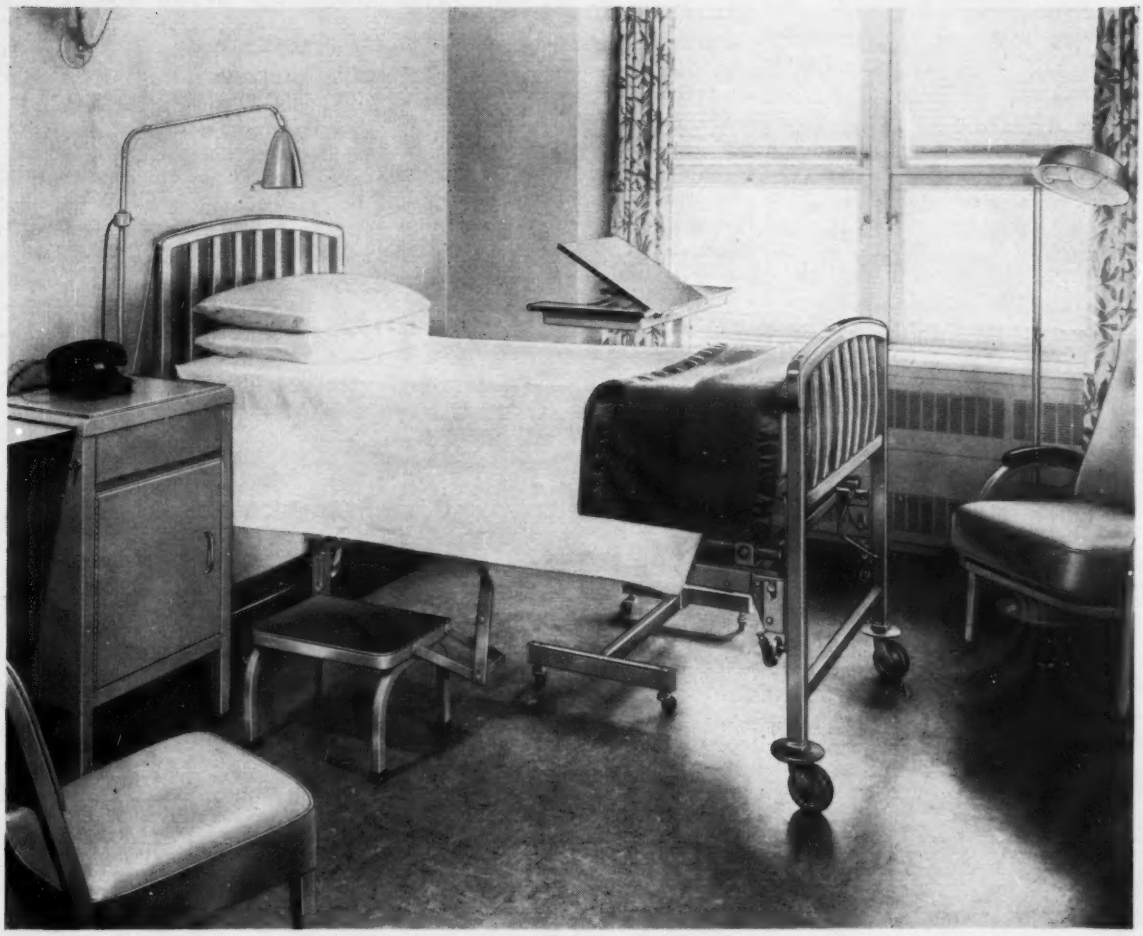
The out-patient area, as the name implies, is that part of the pharmacy closest to the out-patient department. Here, all standard hospital formulae and common pharmaceutical specialities are pre-packaged ready for dispensing. This area is equipped with Schwartz units and cubicles and fills an average of 300 prescriptions daily. Next to this section is the in-patient compounding and dispensing area. Like the out-patient department it is equipped with Schwartz units and lab benches. There is a waiting room and two wickets where the staff may present their prescriptions. In this area is a pneumatic tube station. Prescriptions from the wards are sent to the pharmacy via tube and when filled are returned by tube if not too bulky.

From here we pass into the bulk manufacturing laboratory where formulae are prepared in large volumes, and then broken down into smaller units for easier handling and storage.

(Concluded on page 74)

SIMMONS *in the New*

Montreal General Hospital...



The following Simmons equipment is illustrated in this practical hospital arrangement:

H-316-3 Bed with H-623 Spring
H-766 Folding Footstool
M-44 Arm Chair and M-1 Chair
H-275 Overbed Table
Hospital BEAUTYREST Mattress
H-25 Floor Lamp
H-946-S Bedside Cabinet
H-10 Bedside Reading Lamp
Special Goose Feather Hospital Pillow

This hospital setting is typical of the rooms in the new Montreal General Hospital—and typical of the wide range of specialized equipment developed by Simmons to meet the exacting requirements of modern hospital service.

SIMMONS LIMITED
MONTREAL • TORONTO • WINNIPEG
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Pharmacy

(Concluded from page 72)

Some of the equipment contained in this room are:

(a) Pyrogen-free water still
(b) Colloid Mill
(c) Fume cabinet with built in water bath, gas, water and electricity
(d) Filter-press
(e) Steam kettles
(f) Roller type ointment mill
(g) Ointment tube filler, sealer and crimper
(h) Dry air sterilizer
(i) Electric agitator
(j) Bottle filler
(k) Suppository mould
(l) Glass electrode Ph meter

Lines for compressed air, vacuum, gas, and electricity are situated on the main work bench. There is also a powder mixing and sifting room as a sub-area to this department and it is a desirable feature in that when the door is closed no powder dust is able to float into the manufacturing area.

Adjacent to this room is the bottle-washing room. It is equipped with adjustable shelving and stainless steel sink and counter. The walls are of white china tile. There is also a compressed-air line in this area.

Two large storage areas equipped with adjustable steel shelving form an integral part of the pharmacy. Here is situated the dumb-waiter which services the 19 floors of the hospital.

There is also a sterile solutions laboratory for preparing small volume injectables and any litre solutions which cannot be purchased. Adjacent to this is the litre solutions storage room.

Function of the Pharmacy

In describing the function of the pharmacy as part of the hospital team, there are certain pharmacy regulations to which the rest of the hospital must conform. As in everything there are exceptions to the rule. However, the pharmacy requires a prescription or requisition for everything issued. Each ward is issued with what is termed "stock medications" which they can use without charge to the patient. The empty "stock" containers or bottles from the wards are placed in the drug baskets together with a requisition for replenishment. These baskets are collected, replenished and returned by the pharmacy porters each morning. In other sections of the pharmacy meanwhile, manufacturing, prescription filling et cetera is being carried on.

The intravenous solutions room renders a 12-hour service daily. It is open from 8:00 a.m. to 8:00 p.m. Each ward is equipped with quantities of various solutions that may be used as the need arises. However, each time a solution is used a prescription is made out in the name of the patient. It is these prescriptions that are collected by the personnel of this room then filled and returned to the ward. By so doing the wards have a complete stock of solutions at all times.

Records of purchases, manufacturing, departmental charges, stock control, et cetera, are meticulously kept. These are kept in various types of index and kardex files. All prescription for in-patients are filled and checked by two different staff members. Similarly all manufactured products are checked. Narcotic and alcohol records are kept. Sterile narcotic solutions in calibrated 20 cc vials, prepared by the pharmacy, are supplied to the wards. A record of what is used is carefully recorded and checked. All prescription forms are in duplicate. One copy is kept in pharmacy files, the other is priced and forwarded to the business office to be charged to the patient's account. In the past year a total of approximately 185,000 prescriptions and 12,000 requisitions were filled. This year, in a larger hospital, it is estimated that the total of prescriptions filled will be in the vicinity of 250,000 and requisitions approximately 20,000.

The foregoing is but a brief description of the functions of the pharmacy and, from the statistics shown, it may easily be seen why the pharmacy takes its place as an important member of the hospital team. ●

Solution manufacturing area —doorway at rear leads to powder mills.

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- Heavy duty fully enclosed motor
- Silent cushion drive
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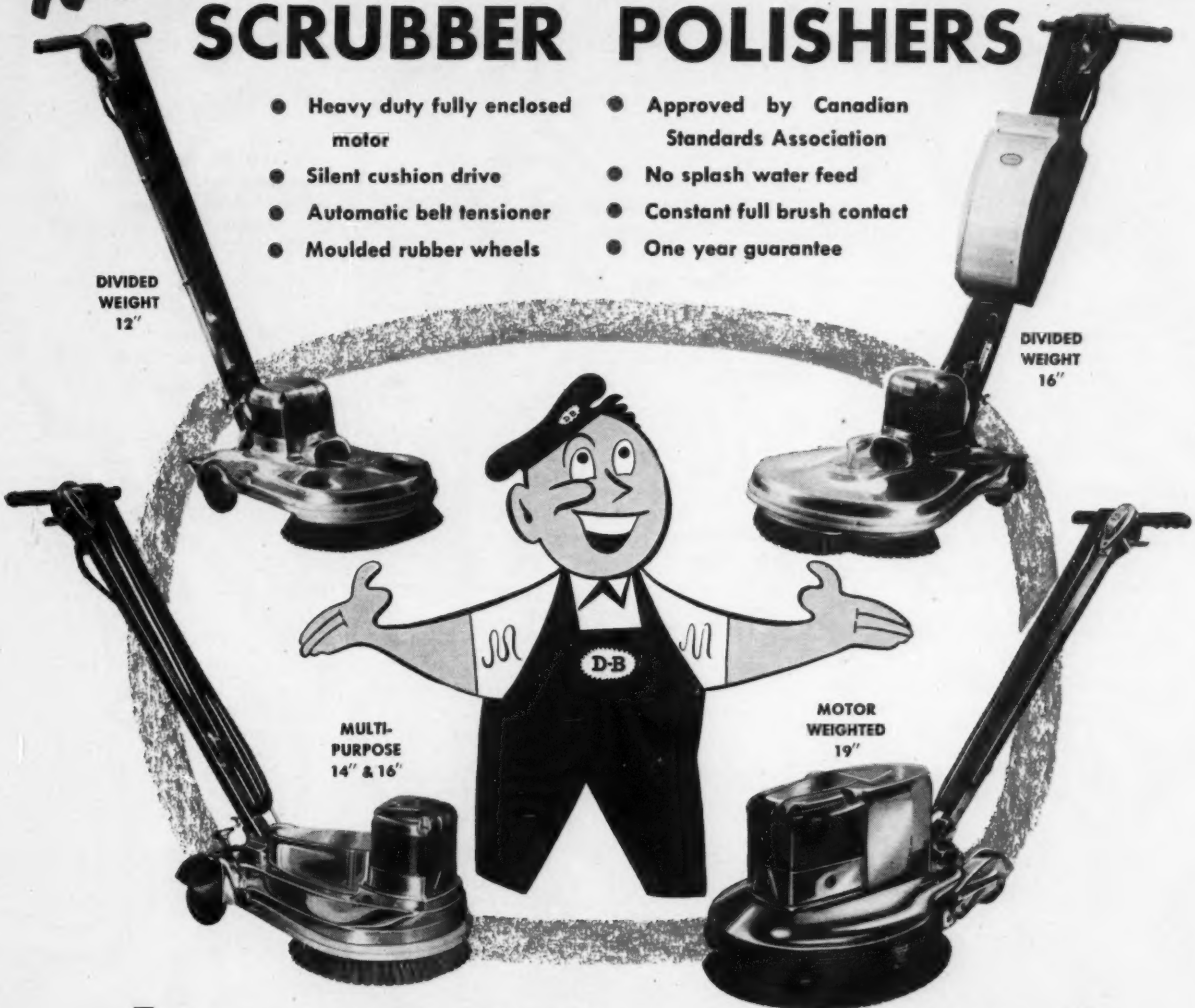

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—M.G.H.—

"good food, attractively served"

Helen M. Smith,
Director of Dietetics,
Montreal General Hospital
Montreal, P.Q.

AT THE Montreal General Hospital it has always been emphasized that good food attractively served is a most important factor in maintaining morale among patients and staff. Eating three meals a day seems to justify everyone in the opinion that they know about food and food service. If patients' meals are well planned, nutritionally adequate, acceptable and tasty, a most important step toward recovery has been made. Staff members who are eating well because they enjoy their meals, are healthier, happier, and more able to carry on their daily tasks cheerfully.

These factors were taken into consideration in planning the new food service for the Montreal General Hospital. A master menu system was adopted, whereby the food is purchased, prepared and served according to one pattern for all patients, as well as for the staff. The idea was to raise the level of the food served to high standards. The one concession is to give private patients a selective menu.

Decentralized food service has always been popular and proved very satisfactory in the old days. This system was continued although it was realized that it was more costly to maintain and that the trend in many hospitals was toward centralized service. It was felt that the decentralized food service was more personalized and the opportunities to give better patient satisfaction were greater with food served from food carts at the patient's door.

Transportation

The cafeterias and the main food preparation area are on the fourth floor and from there the floor kitchens or pantries are made easily accessible by two dumb-waiters. One elevator is used exclusively for transportation of food trucks to the wards at meal times, so that an easy flow of food is maintained. Two hot food carriers are provided for each ward pantry, which serves two wards, an east and west wing. One of these trucks is amply provided with heated storage space into which containers of various sizes may be fitted. This larger one is used for transportation of the special diet food.

Special diet trays are served in the pantry first and taken to the patient from the ward kitchen before the

(Continued on page 83)

Everybody, except the patients, eats in the hospital's cafeteria.

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the finest line of plastic tubes *for greater versatility*

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- Stomach Tubes (Levin type)
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all priced for expendability

new ——— K-60 Plastic Suction Catheter specially designed for aspiration of mucus from the trachea. Smooth, molded eye. Whistle tip. Pharmaseal quality construction.

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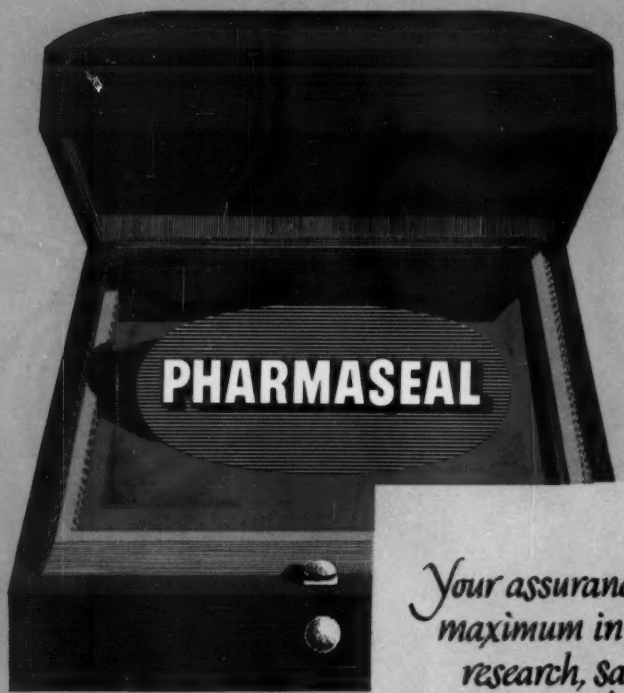

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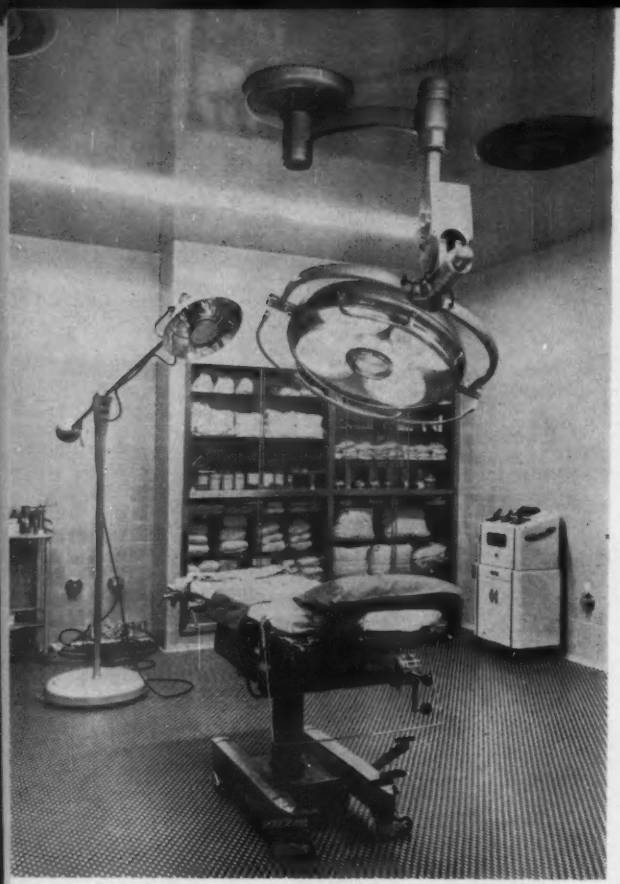

THE STORY OF

The Montreal General Hospital situated on the slope of Mount-Royal between Pine and Cedar Avenues, is a veritable showroom for the latest Wilmot Castle Equipment. We would like to express our gratitude to the architects, McDougall, Smith & Fleming and the consulting engineers, McDougall & Friedman, for their splendid planning and specification of sterilizing and lighting fixtures. Our sincere thanks to the General Contractor Anglin-Norcross for their untiring effort in supervising this project, and to the Heating Contractor Connolly & Twizell Ltd. and the Electrical Contractor, Mofat Electric Ltd., for their co-operation in solving many complex technical problems. With this spirit of unity, our task of complying with the specifications of each department was greatly minimized. Some of these departments are shown in the following photos.

Typical, one of eleven major operating rooms in this modern institution is equipped with the new Castle No. 62 Major Surgical, overhead light, the No. 51 explosion-proof floor light and the Ohio No. 7200 Major operating table. The No. 62 light features the Castle exclusive internal Cam balance and electrical commutators permit repeated 360° horizontal rotation of lamphead **without stops.** The suspension of these lights requires no tracks or dangerous counterweights and the lights are the first designed for manoeuver by members of the surgical team themselves.

Illumination is delivered from five different sources, all built into one compact lamphead. The four regular projectors deliver approximately 3000 foot-candles of glare-free, color-corrected, shadow-reduced illumination and operate on an A.C.-D.C. Power Unit thus elminating the hazard of power failure. Added to this is the light from a Central Pilot Spotlight which supplies an additional 900 foot-candles of color-corrected illumination, pencil-points an 8-inch circle of parallel beam light into the deepest incision, serves as a placement guide for the other projectors, and can be used alone or with the other four projectors.

The Central Supply Room showing three rectangular and one cylindrical sterilizer a Castle Dry-Air and two Reflux Stills; all sterilizers are equipped with the Castle thermatic system which automatically operates all valves governing the sterilizing cycle. This permits step-saving traffic planning, greater load output, remote control supervision and guarantees uniform safety in technics. The Fenwal Flasks shown are filled at the stills and then sterilized producing sterile-distilled water to be used in the Operating Rooms.

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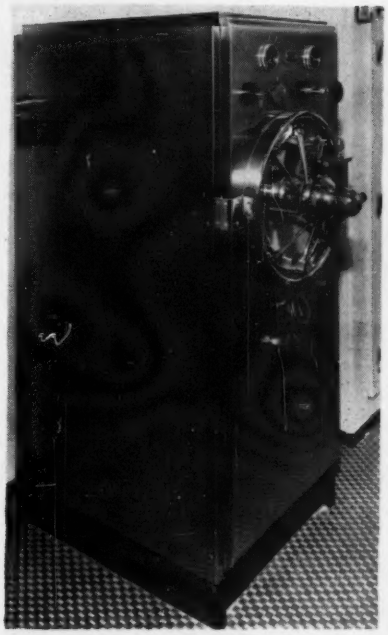
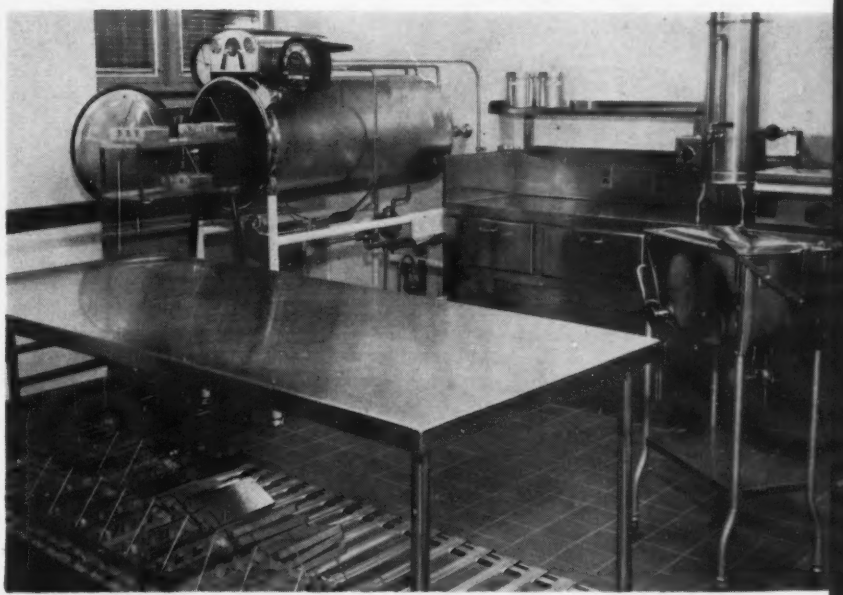
ANOTHER CASTLE INSTALLATION

BY Casgrain & Charbonneau Ltée



Typical sub-sterilizing room between two operating rooms shows the Castle Cabinet model Hi-speed sterilizer and a solution and blanket heating Cabinet.



The Milk formula preparation room showing the Castle Milk Formula Sterilizer controlled as an added precaution by the Thermatic system: and the Castle Mobile bottle Warmer—which brings the sterilized bottles recently removed from the refrigerator to an automatically controlled temperature of 102°F and then transports them to each infant.

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- Hopital Notre-Dame de Chartres (Maria)
- Hopital Ste. Famille (Ville-Marie)
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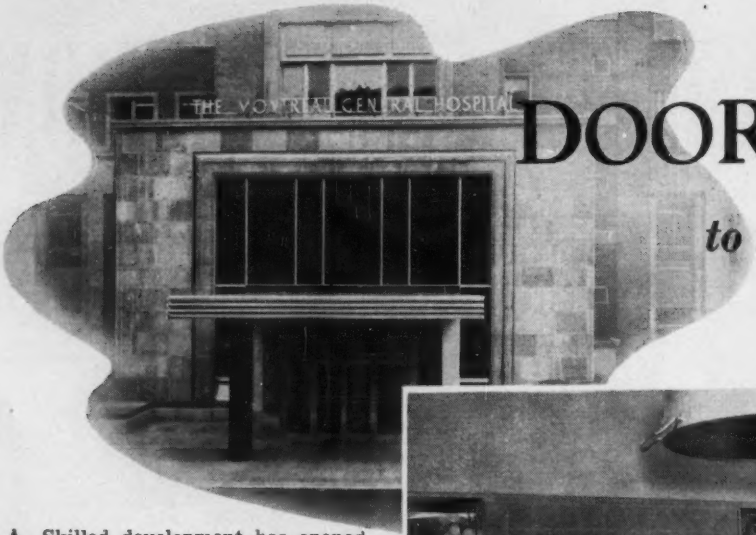

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MONTREAL GENERAL HOSPITAL

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A ward kitchen. Short orders are prepared here. The day's three main meals arrive from the central kitchen, by dumb-waiters, in electrically-heated wagons, one of which appears in the background.

(Continued from page 76)

serving of the regular diets is started. This provides for greater accuracy in serving the trays.

The dietary and nursing departments co-operate for fast efficient patient meal service. Dietary personnel serve the meal, nursing makes certain the patients are ready for their meals, take in the trays, and ensure that patients are pleased.

Main Kitchen

In the main kitchen—as in all the planning—the dietitians and engineers worked with the architect to design a kitchen, in the space available, that would be easy to work in and easy to clean. White tile, a light yellow ceiling, and gleaming stainess steel give a bright cheerful appearance. Ventilation that provides a change of air every three minutes keeps the kitchen cool during the warm summer weather and free from odours.

A wide passage through the kitchen is flanked on the left by bakery stove and oven cooking area, steam cooking area, and on the right by truck storage, truck washing, pot washing, vegetable and salad preparation, and nourishment area. Each cooking area has its own refrigeration.

Trucks are pre-heated in their storage area and, as they move down the passage, are loaded from heated dispensing tables provided at each cooking area. Food is prepared and served as close to meal time as possible. One of these units is a thermotainer in which hot special-diet foods can be stored as they are ready and loaded into the truck in a minimum of time. Cold foods may be placed in a compartment in the bottom of the food truck, which is not heated, or sent ahead on the dumb-waiter.

In the bakery area a three-deck bake oven, three-compartment steamers trunion kettle, an 80-quart and a 20-quart mixing machine provide the best of facilities. As this area is situated close to the office, tantalizing odours are often wafted our way to distract staff and visitors alike.

In the stove and oven cooking area, two three-deck electric roast ovens, a gas range with an open top and a radial fire-closed top, a gas broiler, an upright electric broiler, and two deep fat fryers are provided. This equipment is adjacent to stainless-steel work tables and a machine for mixing, mashing and mincing. A steam cooking area—which is a joy to behold—includes two three-compartment steamers. There is a battery of stock pots, two 80-gallon, two 60-gallon, one 40-gallon, two 30-gallon, two large trunion kettles and two miniature trunion kettles mounted on a table. The latter are very convenient for preparing small orders for special diets. All are mounted on stainless steel curb or floor pan. Work tables, portable carts, and storage compartments are all provided for convenience and efficient working.

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Vegetable preparation in the main kitchen is confined to the final chopping and salad assembly. In the receiving area in the sub-basement a large vegetable prepartion room ensures easy checking of fruits and vegetables, which may be immediately dumped into wire baskets for inspection and sorting to prevent any spoilage, or spread out on trays for ripening when necessary. Large refrigerators are provided for fruit and vegetables, and for ripening each with temperature regulated for optimum storage. Stainless steel shelving is also specially designed for maximum storage. A large deep freeze provides ample storage space and an opportunity to experiment with frozen food storage.

Adjacent to the potato peeling machine is a sink specially designed for easy potato preparation. Large sinks are also provided for washing and preparation of greens and other vegetables. All this advance preparation confines bulky garbage to this one area.

The butcher shop opposite the

(Continued on page 90)

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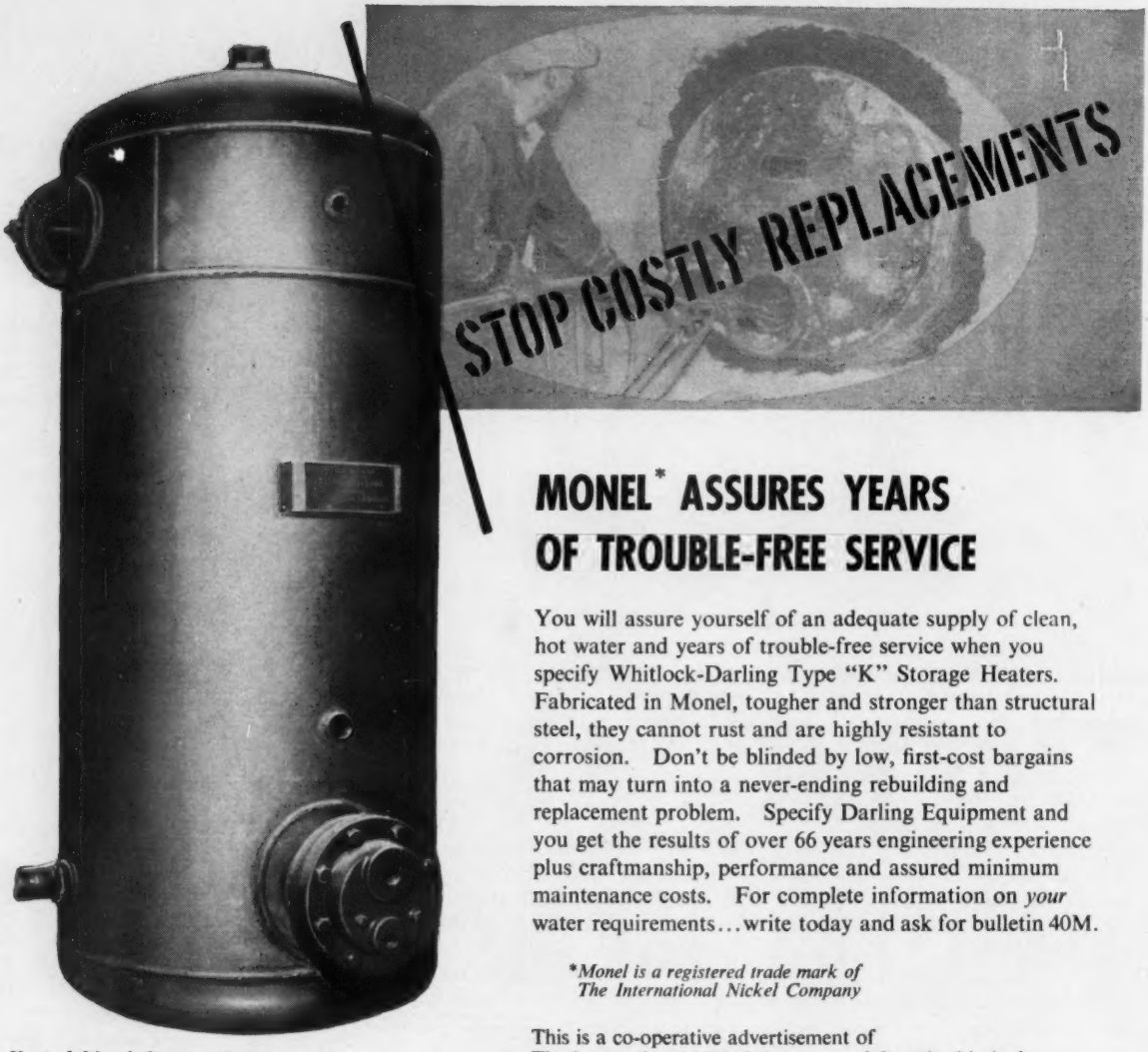

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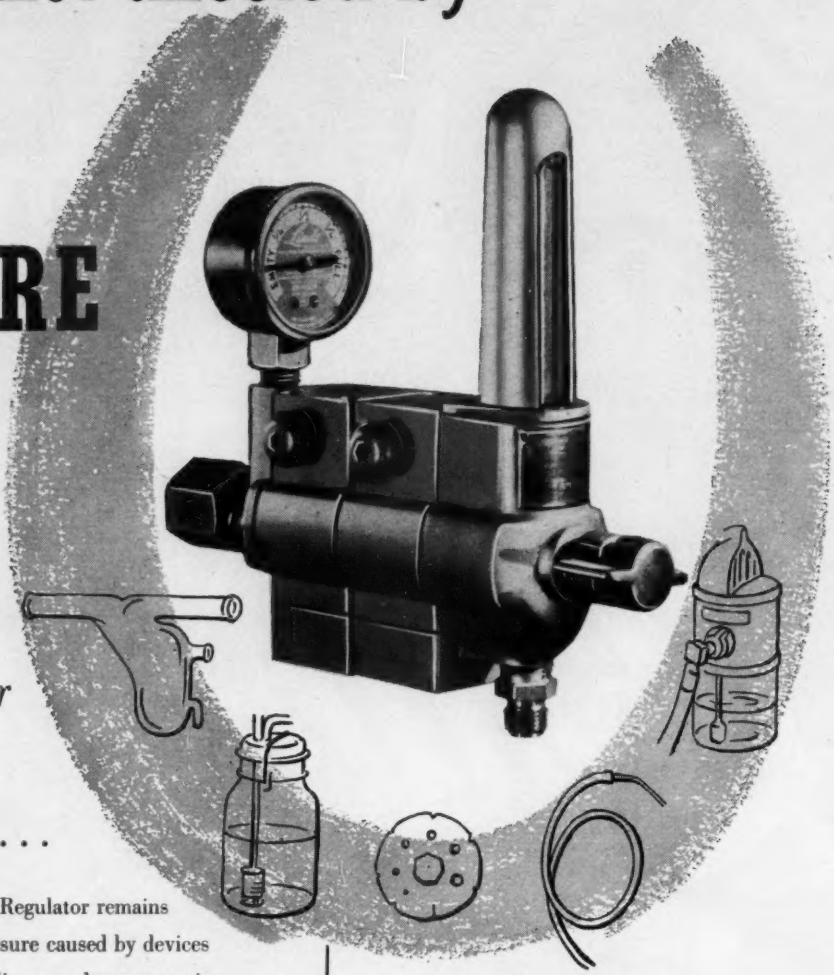

because its flow indicator is pressure-compensated . . .

The LINDE R-501 Oxygen Regulator remains accurate despite back-pressure caused by devices such as humidifiers, nebulizers, and concentration meters. When back-pressure is introduced, the ball float drops to a lower reading to show the actual flow going to the patient. This feature is particularly important today, when high humidity and aerosol therapy are being ordered more and more frequently.

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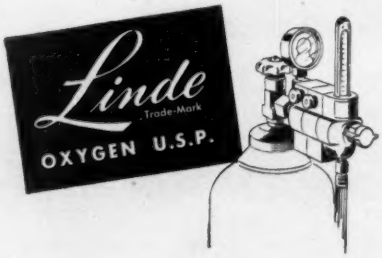

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TIME, MONEY and EFFORT!

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When you install STANDARD-ROYAL you not only stretch your nursing personnel, but your operating dollars—often up to 63% when you reckon all forms of saving . . . It will pay you, as it has so many others, to get in touch with us and Bring Your Hospital Up to Standard.

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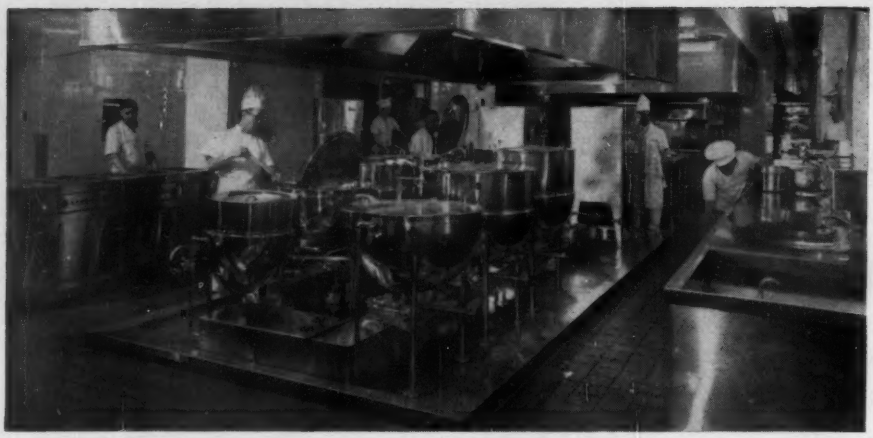


A portion of the central kitchen, where an average of 5,000 meals daily are prepared for patients and staff.

(Continued from page 83)

vegetable preparation area is equipped with power saw, meat tenderizing machine, and the usual chopping blocks and work tables. A monorail provides easy movement of large cuts of meat in and out of storage. Here, too, refrigeration is provided for fish, poultry, cuts of meat, and processed meat. Freezer storage in the vegetable preparation area is also available to the butcher shop.

One man is responsible for receiving and checking all hospital supplies although perishable foodstuffs are re-checked by a member of the dietary staff. Staples are stored in this area but not in large quantity. These foods are easily transported to the kitchen by a service elevator.

Ward Pantry

Hospital food service cannot be discussed without a glance at a typical ward pantry. In these every effort has been made to attain comfortable, efficient working conditions. Large windows afford a beautiful view of the city.

The ward kitchen is white tile with blue trim and has all stainless-steel counters and work tables. The equipment includes: a dishwashing machine, ice-making machine, three-door refrigerator, dispensing machine for easy food service, two toast-masters, an electric coffee tricolator, an insulated multipot for tea, a waring blender, and a two-ring hot plate flush with the work table. Storage cabinets adjacent to the ice-making machine are amply supplied with glasses and jugs for patients' water.

Each ward pantry has a desk for dietitian or supervisor, a cupboard for storage of diet sheets and supplies, and adequate dish storage, some of which is heated.

Pantries on the private wards are the same as those on public wards except for the provision on these floors of food warmers—portable units with sliding drawers, which are electrically heated. These drawers can hold served meals made up according to a selective menu. One warmer contains the hot food for 18 to 27 patients and may accompany the cold food truck on the ward, where the plate can be quickly placed on the tray and taken to the patient. They may be used in the kitchens as holding units, keeping dishes, hot plate covers, and served food very hot.

Colour

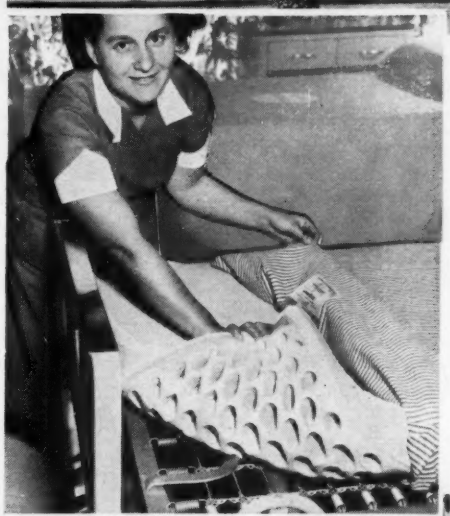
Colour is a keynote of the new hospital, where white seems almost out of place. To carry out the colour scheme, trays were specially made of moulded, reinforced fibreglass, the colour carefully blended to match the colour of the beds and to harmonize with the peach-petal dishes. A grey uniform with cinnamon-coloured apron was selected for dietary employees.

Thinking of colour brings us now to the cafeterias, of which there are two: one for nurses, doctors and other professional and semi-professional staff, and the second for non-professional employees. These are very similar in plan except that one is smaller and more simply decorated. The larger staff cafeteria is long and narrow in shape. Pale grey wall panels and scenic wall paper are

(Concluded on page 138)

Bake area.

HAMILTON'S NEWEST HOSPITAL USES *Airfoam*



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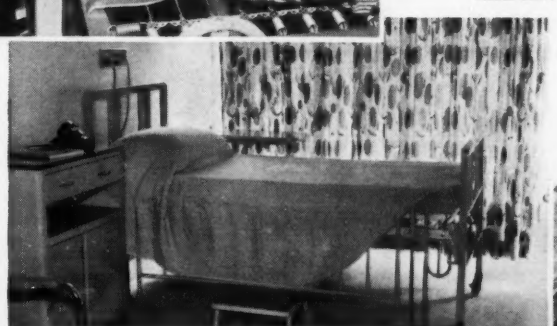
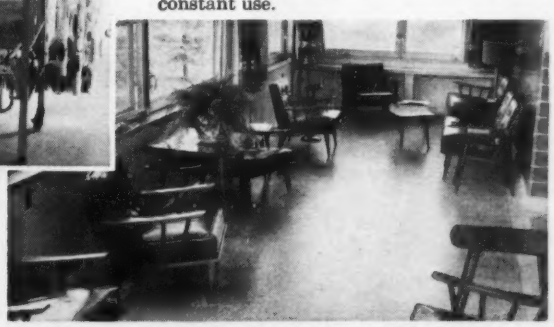
Light, easy to handle Airfoam holds its shape indefinitely and never requires turning.

For information and specifications on Airfoam products, contact or write—Goodyear, Special Products Division, New Toronto, Ontario.



Airfoam mattresses and pillows are economical—they will last for years and years.

The Airfoam upholstered furniture in the hospital foyer always looks smart in spite of constant use.



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More Space and Increased Service

Barbara Whitley,
Publicity Committee,
Women's Auxiliary,
Montreal General Hospital,
Montreal, P.Q.

"THE PURPOSE of this organization shall be to promote the welfare of The Montreal General Hospital . . ."

When the Women's Auxiliary to the Montreal General Hospital was formed in December, 1949, those words were written into its constitution. In its six succeeding years the Auxiliary has endeavoured not to forget that initial purpose.

Not having had an auxiliary in its 130 years of history, the hospital, represented by its authorities, welcomed the new group with some reservations. At the auxiliary's fifth annual meeting, the president of the hospital reminded the members of those days of strange courtship, when an eager and willing "bride-to-be" pursued her warily reluctant groom. However, the bride was anxious to be a model partner. The auxiliary would work for the hospital and its best interests. It would proceed with care. It would consult the authorities before taking any steps in the name of the hospital. In short, it promised to love, honour *and* to obey.

In view of this policy of conservative caution, the first annual report of the Women's Auxiliary was a surprising one. A gift shop and snack bar had been opened at the Western Division, where, run by volunteers, it provided a service to patients, visitors and hospital staff. It also raised money to be spent for the hospital. A travelling wagon brought selections from the shop to the patients' bedsides throughout the Western Division. Six branches of the auxiliary had been formed, and their members were engaged in sewing for the shop and for the hospital's supply cupboards, as well as in preparing Christmas favours for the patients. A volunteer department had been established under a professional director, and volunteers were working in many hospital departments. They had taken over the patients' library at the Central Division, where they had instituted a travelling book wagon. A magazine-collecting program was being successfully carried on. Volunteers were operating a driving service for the patients, and they were working for the Joint Hospital Campaign which was to make the new building a reality. Over 1700 members had been enrolled during the auxiliary's first year—1700 symbols of the affection felt for "The General" by the citizens of Montreal. A newsletter had been published to keep these 1700 informed about all this activity, as well as to inform them about their hospital itself.

That was the report in 1950. It set a pattern for the years that followed. From the revenues realized from the shop, from membership fees and branch contributions, the auxiliary has financed all of its own undertakings. It has made an annual grant to the hospital's social service department, and has established a bursary fund for student nurses. It has given needed

Volunteer workers of the women's auxiliary to the Montreal General Hospital sew tabs on bath towels for patients.—Canada Wide Photo

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equipment to the hospital, ranging from surgical instruments to a television set, and including such diversified items as a microscope, dining room curtains, an audiograph, books for the interns' library, dictaphones, lamps, film projectors, chairs and a washing machine for the nurses' home. A memorial fund has been established with memorial contributions being spent on the obstetrical department and the nursery floor. Two isolettes and a heated cot are among the gifts purchased from this three-year-old fund.

It must be admitted that, upon occasion, gifts which have been given with the best of good will remain quite incomprehensible to the givers. "I think its a sort of . . ." "He says its a new variety of . . .", "It seems to work something like a . . ."—auxiliary presidents have had to develop a talent for graphic explanation! However, the real criterion for auxiliary giving is knowledge of the need. There has been just one condition. Looking to the future and to the new hospital, the auxiliary has provided no equipment that could not be taken away when moving day arrived.

The auxiliary had a part in the move. To begin with, the plans for the new building included an office for the director of volunteers, accommodation for a greatly enlarged shop, a lounge, a sewing room and a new and larger library for the patients. These the auxiliary has agreed to help equip and furnish. The auxiliary's president and two other members were asked to form a small decorating committee, and to work with the professional decorator who gave the rooms and corridors their bright, cheerful air. The colour scheme in the new building is one of its happiest features—a far cry from the stark whites, the practical greys and browns of earlier days. Auxiliary members helped to conduct "tours" before the move was made. They learned to describe (if not explain!) the new equipment and they undertook to display their new hospital to over a thousand eager visitors.

Now moved and settled, the auxiliary is continuing its work to "promote the welfare of the Montreal General Hospital". Its shop is close to the main entrance on the sixth floor (see plans) and it has been given a new name—"Hospitality Corner". It has also been given soft, blue-grey walls, brightened with yellow, and large windows which look out over the city. The Auxiliary's budget shows a single item of $11,500 the sum which has been set aside for equipping the new Hospitality Corner.

At one end of it is a snack counter, behind which volunteers have learned to do "short-order" cooking. Using the gleaming new fountain equipment they turn out milk shakes and sundaes, coffee and sandwiches, soft drinks and salads, in an increasingly professional manner. There are tables, too, as well as the counter, new ones with comfortable chairs where visitors may sit for a more leisurely meal. There hasn't been much leisure for the volunteers, however. Food plus friendly atmosphere have lured a crowd of hungry, thirsty, or perhaps simply curious customers, who have given the volunteers a new and highly concentrated concept of service. Low heels are now the vogue in Hospitality Corner.

At the other end of the shop is the gift section. New show cases and a large display window serve to remind visitors that the auxiliary is well-prepared to provide them with the sort of special gifts for which it has become known. The selection ranges from home-made baby bath aprons to salad bowls, from jewel cases to "bran pies" filled with gifts for children. Cigarettes, cosmetics, shaving material and toothpaste are among the more practical necessities always kept in stock. Hospitality Corner is still "The Shop", initiated, primarily, as a *service* to the hospital, and it is well-recognized that toothpaste is often a more urgent need than a salad bowl.

With the shop, the other auxiliary services continue as well in their new surroundings. Volunteers are found at their old posts throughout the building. In the sewing room, using machines purchased from auxiliary funds, members can be found doing their daily share of the hospital's sewing and mending. The Christmas committee, assisted by the branches, is working to make the first Christmas in the new building a merrier one than ever for both patients and staff. The library is also in full swing.

Remembering the role played by women in Montreal's hospitals since the days of Jeanne Mance, and remembering, too, that by 1891 the ladies who came to work for the Montreal General were described, with brutal frankness, as "full of good works and human failings", the auxiliary sees a real challenge in the years that lie ahead. It hopes to be able to meet that challenge and to continue to serve the beloved old hospital in an ever-increasing measure. ●

A group of volunteers sort and place books on the shelves of the library in the new hospital.—Canada Wide Photo.

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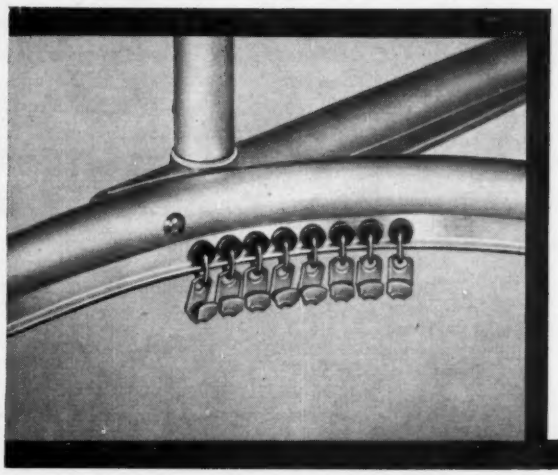

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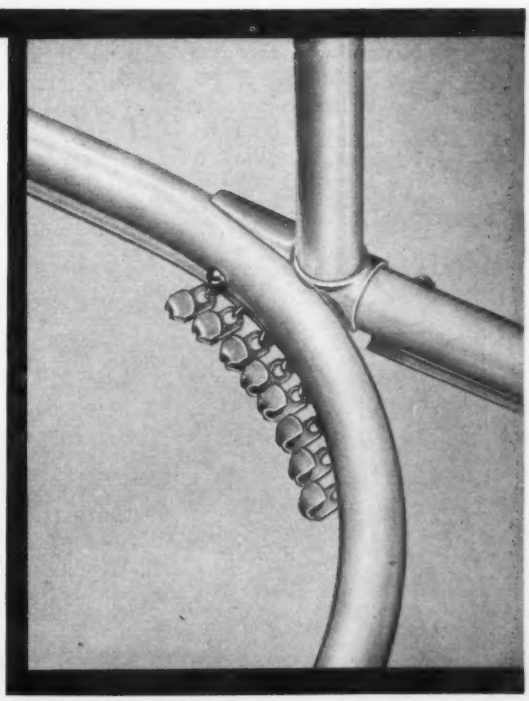

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—M.G.H.—

"Hospital Colours — the New Kind"

(This article is based on an interview with Edythe M. Shuter, interior decorator, by William Z. Stevenson, vice-president, Brakeley Public Relations Ltd., Montreal, P.Q.)

COLOUR has a dynamic meaning in the new Montreal General Hospital. Enthusiastic colours cheer patients, cool colours offset the warmth of the kitchens, restful colours pervade the waiting rooms and soft colours lessen the clinical atmosphere of the hospital's many service departments. Through the skillful use of colour, large rooms are made to appear smaller, high ceilings are lowered and low ceilings are raised.

The English poet who wrote of hospitals as "piles of stone, bleak, grey, damp and cold," wouldn't be able to identify the new hospital on the slope of Montreal's Mount Royal. From the moment you step inside the main entrance on Cedar Avenue, colour hits you in the eye. But the colours are not bright or shocking. Instead, they generate a feeling of warmth, of kindness, of hope. They are hospital colours—the new kind.

A little over two years ago, when the hospital was still a steel framework, a group of energetic members of the Women's Auxiliary decided that the new hospital should be an "uninstitutional institution." The answer, they knew, lay in the field of interior design and decoration.

The decoration committee, including Mrs. Andrew Fleming, then president of the auxiliary, Mrs. George Currie, who has succeeded Mrs. Fleming as president, and Mrs. Alex Hutchinson, approached one of Montreal's foremost interior designers, Miss Edythe M. Shuter, who has designed offices, cafeterias and lounges for many of Montreal's leading business and industrial establishments.

For months Miss Shuter and the members of the decorating committee worked in unison, drawing sketches, gathering samples, sampling colours. Then the work began. The results of their efforts would best be described by a colour motion picture, taking the viewer through the new hospital.

In the main lobby, which is ultra-modern, marble-faced columns blend with walls of yellow with an overglaze of brown. Warm brown tones tend to reduce the height of the ceiling, and charcoals and greys, yellows and browns fill the visitor's eye as he progresses toward the elevators to take him to the floors.

Patient rooms feature pastels—yellows, blues, peaches, and warm browns. Lockers are painted the same colour as the walls, and furnishings in all rooms—public, semi-private and private—are identical. Metal furniture is finished in a colour best described as "grey-pink." In the move from the hospital's old buildings it was decided to utilize as much as possible of the old furniture. Reconditioned and set off by flattering colours, it is hard to tell these pieces from the new.

One of the brightest spots in the hospital is the Women's Auxilary shop on the sixth floor near the main entrance. It resembles the exclusive shops that are found in leading hotels—plate glass show windows, attractive tables upon which goods are displayed, and a modern soda fountain where gleaming stainless steel and restful blues and yellows definitely attract customers.

In the hospital kitchens, blue shades and light brown tones create a distinctly cool atmosphere. Employees agree that the colours are effectively counteracting kitchen temperatures.

Restful retreats are the solaria on each patient floor, also finished in blues and soft browns. Bamboo and rattan furniture and colourful fabrics add to the cheerfulness.

Miss Shuter and members of the decorating committee toured hospitals in other cities for ideas—though they had plenty of their own. They worked in co-operation with the architects and frequently consulted the administrative and executive staff of the hospital. The board of governors was kept informed of progress.

Miss Shuter, who admits that the past two years were challenging ones, believes that the new Montreal General Hospital will set a pace for other

(Concluded on page 130)

A corner of the gift shop and snack bar, which is run by the women's auxiliary.

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—M.G.H.—

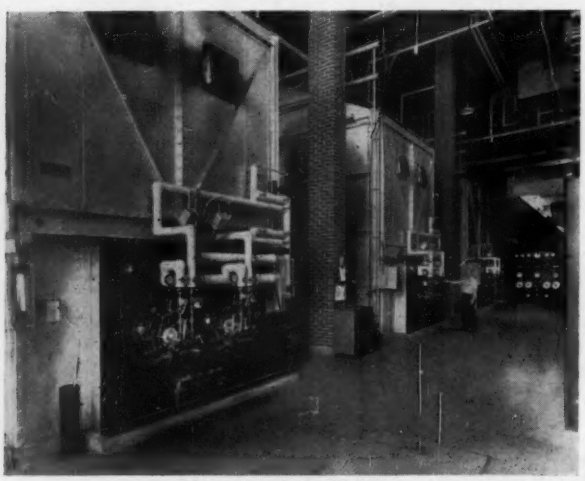
Mechanical and Electrical Equipment

(The following excerpts are taken from an article written by McDougall and Friedman, Consulting Engineers to the Montreal General Hospital).

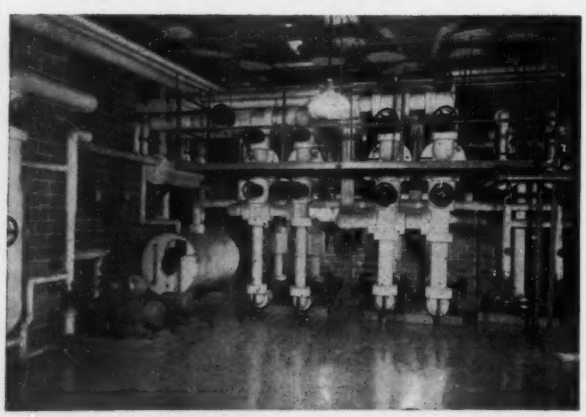
THE BOILER plant is located in a separate building connected to the third, fourth, and fifth floors of the Cedar Avenue building of the Montreal General Hospital. High pressure steam originates in three water-tube boilers and is distributed to the various buildings of the group and, after the pressure is reduced, supplies steam to hot water heating convertors, domestic hot water tanks, kitchen and laundry equipment, sterilizers, ventilating systems, and boiler plant equipment requiring steam. All condensate from the above equipment is returned to the boilers.

Heavy oil is used as fuel and is fed to boilers by means of steam-atomizing oil burners, from three 20,000 U.S. gallon tanks located under the Cedar Avenue roadway. There is also a 5,000-gallon light oil tank that is used for starting purposes and to fire the incinerator.

The boilers are arranged so that spreader stokers can be installed should it ever be necessary to use coal as fuel. Allowance is also made in the concrete work for the future installation of ash conveyors and the storage of coal.



A section of the boiler room.



A typical convertor room.

Two boilers can carry the load and one acts as a spare. Each boiler has a capacity of 30,000 lbs. of steam per hour for continuous operation, which is approximately equivalent to 870 boiler horse power. The rough rule of thumb method of so many boiler horse power per bed should not be used in comparing the installed boiler horse power with that of another hospital. Because less than 20 per cent of the total floor area of the hospital (not including the nurses' home) is in patient's bedrooms and because there is a large ventilating load requiring steam for heating the air, it would be dangerous to use that method of comparison.

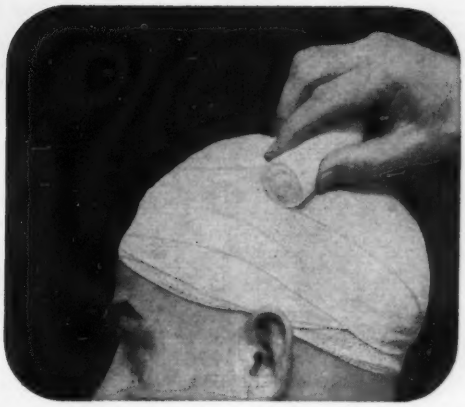
Heating Systems

The buildings are heated by hot water with forced circulation. Convertors for heating the water and circulating pumps are located in "machinery" rooms in the various buildings. Steam for the convertors is supplied from the boiler plant at 125 p.s.i. and reduced to 5 p.s.i. at the convertors. Condensation is returned to the boiler plant from the convertors by means of condensate return pumps.

All rooms are heated by means of convector radiators with steel cabinets, except certain areas which have unit heaters. Radiators are "custom" built. Window stools are of aluminum and are part of the convector radiators. The lower part of the convector, which contains the return grill, is hinged so that the heating elements can be easily cleaned. Most of the convectors are concealed except in a few areas where there are no windows.

All air conditioned areas, all patients' rooms, and rooms which have variable occupancy such as waiting rooms, laboratories, et cetera, are thermostatically controlled by means of diaphragm valves on radiators and thermostats in the rooms. Individual room control is used in the patients' wards in the Cedar Avenue building and is found to be more satisfactory and more economical on fuel than the usual zoning system.

The hot water temperature in each building is controlled separately by means of an outdoor-indoor tempera-



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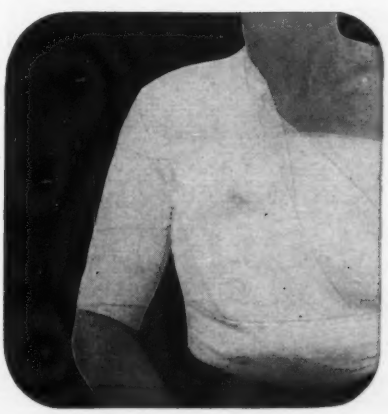

BREAST DRESSINGS

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ture regulation system controlling a three-way mixing valve. The convertors are not controlled and are kept at a temperature of 215 degrees constantly with 5 p.s.i. steam pressure. The temperatures in the various systems are varied by means of the three-way valves which reduce the temperature if required by means of the return water. Expansion of all mains and rising lines where required are taken care of by means of expansion loops. No expansion joints are used. There is a separate expansion tank of the "open" type for each separate heating system.

Plumbing

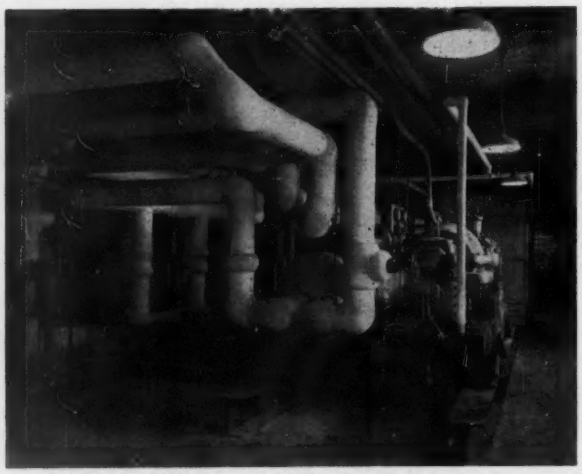
The cold water supply is divided into a high level system which takes care of all floors above the 8th and a low level system which takes care of all below the 8th. The high level system is fed from a steel tank located in the Cedar Avenue pent house. The low level system is fed direct from the city mains. The tank in the pent house has a capacity of 15,000 gallons, 5,000 of this (lower portion) being used for fire protection.

In order to keep the pent house tank down in size and for protection against city water failure, a concrete reservoir of 10,000 gallon capacity was installed under the ground floor of the boiler house. Water is pumped from this reservoir direct to the fixtures on the high level system or to the pent house tank if it needs water. If for any reason the pumps are stopped the pent house tank will feed the high level system for a period, depending on requirements at the time.

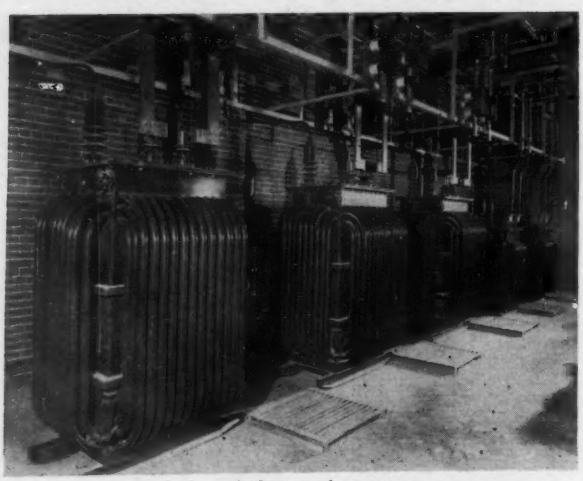
The cold water system was designed for an approximate peak usage of 1,000 gallons per minute. There are three 500-gallon-per-minute pumps to handle the cold water. Two pumps are steam driven and one, which is a spare, is motor driven. The two steam driven pumps are entirely automatic. The motor driven pump is operated manually and is only used when the steam pumps are out of commission. The cold water piping is laid out and valved so that the reservoir in the boiler house (and therefore all the buildings) can receive water from either the Pine Avenue or Cedar Avenue city main.

There are eight domestic hot water storage heaters located in the various buildings. A complete forced hot water circulating system ensures hot water at a fixture in a short while after a tap is opened. Drinking fountains are self-contained and are electrically operated.

A stationary vacuum cleaning system is installed to take care of the floors in the patients' rooms. With a stationary vacuum system all the dust is brought to a central point and there is less chance for contamination than there would be with individual vacuum sweepers with their dust bags. There are about 102 inlet valves located in the corridors of the various floors and connected by piping to a central unit, located in the garbage room on the third floor (near boiler house).



Air-conditioning and refrigerator compressors.



A view of the transformer room.

Ventilation and Air Conditioning

Where there is a preponderance of exhausted air in certain areas, supply air is introduced in the corridors or other rooms to balance conditions and prevent drafts. There are a total of 15 supply and 28 exhaust fans in connection with the ventilating and air conditioning systems.

In general, rooms which are ventilated are those which have no outside windows and are used by hospital personnel, patients, and others, *e.g.*, all toilets with windows having three or more water closets; all rooms in which there are liable to be odours, such as laboratories, autopsy room, morgue, animal rooms, utility rooms, clean-up rooms, locker rooms, et cetera; all space where moisture, steam and excess heat is generated such as cooking spaces, dish washing and serving areas, laundry, et cetera; all rooms where hazardous gases are used; and certain rooms (with windows) where a number of people congregate such as lecture rooms, public waiting rooms, dining rooms, et cetera.

The spaces which are completely air

(Continued on page 132)

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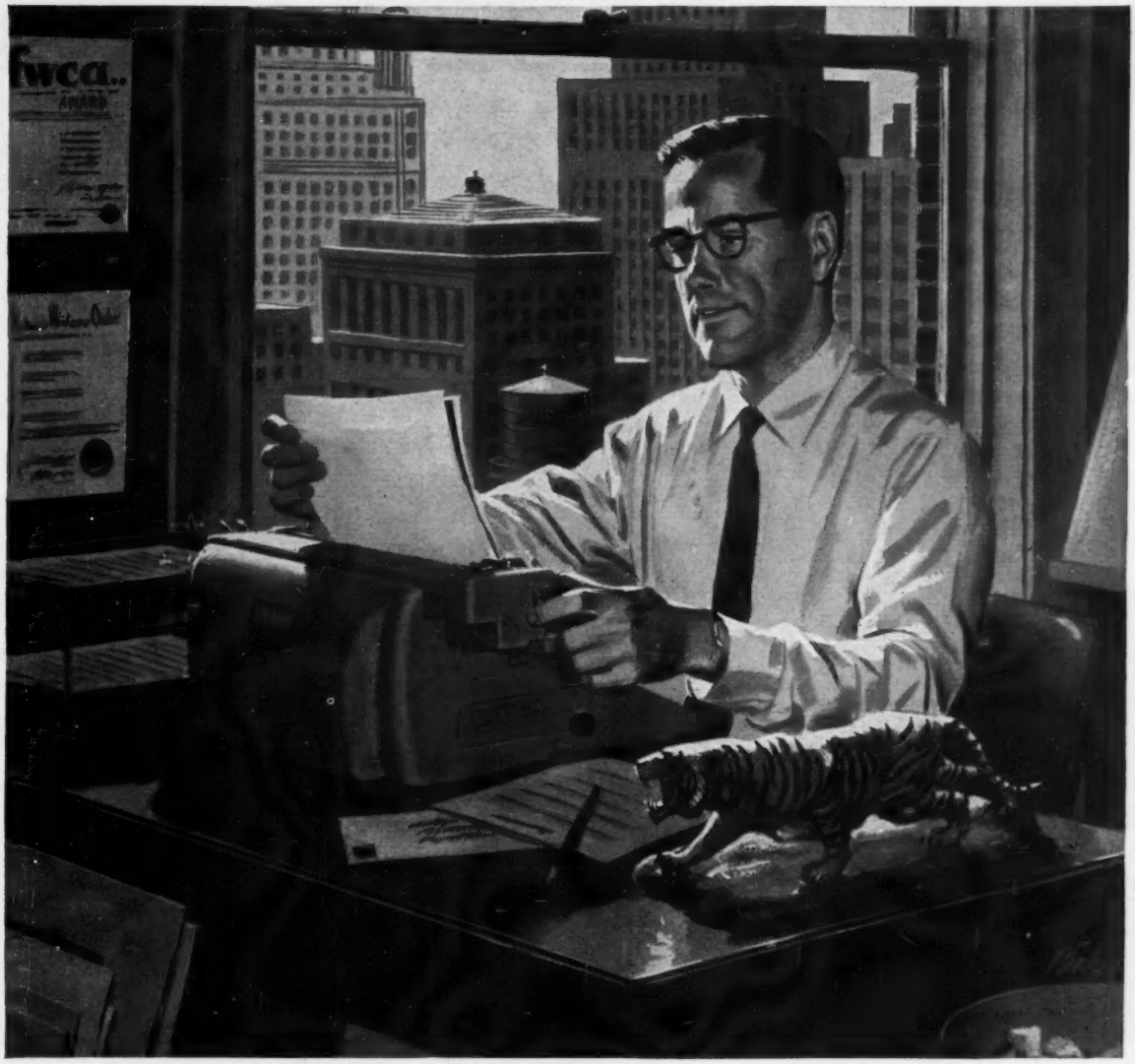

x-ray spied a tiger in his stomach...

revealed the ulcer—small but significant—the ulcer whose clawing was warning him to let up and *relax.*

An advertising writer, he was like a lot of men in business—enveloped in the head-long tempo of his job—consumed by a feeling that he had to do it all himself. Result: a persistent, paining *"acid indigestion"* that finally sent him to his family physician.

The symptoms indicated either hyperacidity or ulcer. An x-ray examination could give the answer, so he was referred to the medical specialist in this field, the radiologist. There was a session in a darkened room; the radiologist spotted the ulcer with his fluoroscopic screen and recorded on films its position and size. Then back to his family physician for treatment.

There were pills. There was a diet. But, most of all, there was a suggested change in attitude. He followed the doctor's advice and heeded the ulcer's warning. Today, he's just as productive as ever — only the pressure is different! It's on his work, *not on his nerves!*

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Carrying Tradition up the Hill

(The following is an editorial which appeared in The Gazette, Montreal, May 30, 1955, and is reprinted here through the courtesy of the editor, E. A. Collard.)

TODAY the Montreal General Hospital is fully in operation on its new site. The task of moving—the biggest of its kind ever undertaken in Canada—has been spread over the whole month. It has been done little by little, with the welfare of the patients as the first consideration. Now it is finished. The old building on eastern Dorchester street is part of the past. The future begins today in the new building on Cedar Avenue. There is always something that pulls at the heart in moving away from a place enriched by memories. But it should be remembered that the decision to place the hospital in the best available site is not really new. It is, rather, a renewal in these middle years of the 20th century of the same decision taken more than a century and a quarter ago, when the original site for the hospital was chosen.

For when the old hospital was built, a site had been selected that would have the advantages of fresh air and clear views; the future was in mind, rather than the past. In 1839 a Montrealer, Rev. Newton Bosworth, was writing of the Montreal General Hospital in these words: "Its situation . . . is highly favourable; and probably if all the ground in the vicinity had been vacant, a more eligible spot could not have been selected. Near enough to the crowded part of the city to be easily accessible, it has yet the advantages of rising ground, pure air, and pleasant prospects in every direction."

It is difficult to see how the new location of the Montreal General could be better described.

Yet in other ways today is also a day of contrasts. The care of the sick in the 1950's is a very different thing from what it was amidst the simplicities of the earlier 19th century. The complicated nature of disease has demanded that it be fought with the complicated weapons of modern science.

The original lot of the old Montreal General Hospital on Dorchester Street measured only 120 by 180 feet. The new property on Cedar Avenue has an area of 350,000 square feet. Its 19 storeys provide wonders of planned services, so that its full resources may be brought into focus for whatever need may arise.

It is all in amazing contrast with the first days when the patients slept on straw mattresses, so that when the doctors had made their rounds to examine the patients there would be piles of straw to be swept up from beneath every bed. Nightcaps were worn to give protection from draughts, and the patients were carried to the bath in a sedan chair.

In the 1820's the water supply was so weak that the matron had at times to buy water from the carriers, who then peddled it about the city. As for the operating room, the rules, as late as 1876, required that "every student must keep his hat off while he is in the operating theatre, both that he may not obstruct the view of others and as a mark of respect".

All this seems a long way from the new building that comes fully into use today, with its 70 miles of piping, its 2½ miles of corridors, and its 16 operating rooms, two of which are equipped for television.

But the contrast, striking as it is is one of means, not of ends. Today, as in the 1820's, the Montreal General seeks to serve those who are "in any ways afflicted or distressed". For the human burden and anxiety of sickness have not been lifted from mankind in the years that have passed. The pathos of those who make their way to the doors of the new hospital in the years ahead will recall the pathos of those who sought shelter through the door of the old hospital—an historic doorway that has been preserved and placed within the new building.

For in all illness there is an inescapable loneliness, a sense of facing a cruel adversity, of being gripped by mankind's ancient and resourceful enemy. To relieve this loneliness a hospital needs not only its equipment, and its staff, an accumulated knowledge and skill. It

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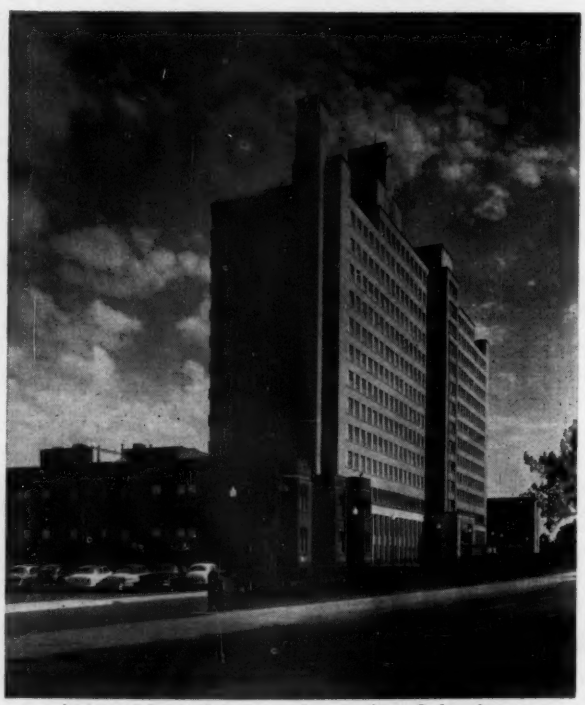

A view of hospital from north east along Cedar Avenue.

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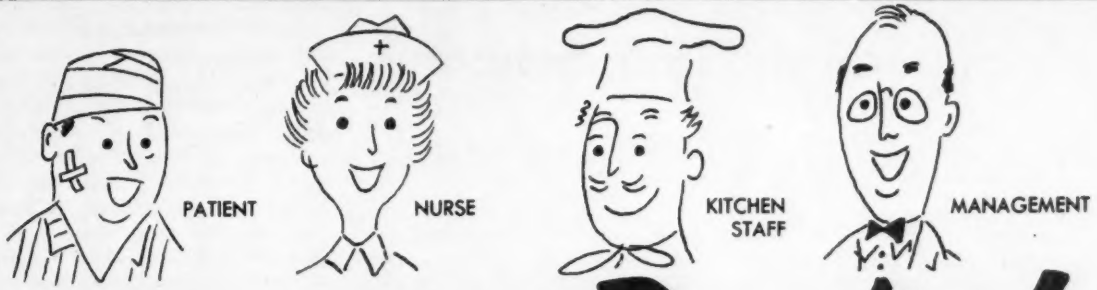

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A Superannuation Scheme

—with reference to nurses from the British Isles.

(The following is a synopsis of some suggestions put forward to those attending the biennial meeting of the Canadian Hospital Association in Ottawa in May of this year by J. P. Wetenhall, O.B.E., General Manager of the Federated Superannuation Scheme for Nurses and Hospital Officers, Banstead, Surrey, England. Mr. Wetenhall was formerly secretary of the British Hospitals Association which is no longer in operation.)

IT IS VERY usual the world over for pension plans to be operated individually by one employer, the pension benefit being regarded as the reward for long service with that employer. Generous though the pension may be, no benefit is provided unless service is prolonged; and in the event of change of employment there is no transferability of pension rights or of benefits already earned.

It appears that the pension plans of Canadian hospitals and nursing associations generally conform to this pattern, under which it is impossible for nurses and medical ancillaries from the British Isles to secure any superannuation benefit in respect of their employment in Canada unless they settle for life.

My purpose is not an endeavour to "sell" the Federated Superannuation Scheme for Nurses (Federated Scheme for short). My mission, which has the very strong support of the Royal College of Nursing and other bodies concerned with hospital services and is endorsed by the Minister of Health, is to invite Canadian hospitals and nursing associations to give sympathetic consideration to ways and means by which they can safeguard and maintain the superannuation of nurses and medical ancillaries who leave the British Isles to become employed in Canada, often for a period of a few years.

The Federated Scheme differs fundamentally in its origin, its design and its purpose from the general run of superannuation schemes such as those above mentioned.

It originated in Great Britain in 1928 at the instigation of the Royal College of Nursing, the Association of Hospital Officers, and the British Hospitals Association, working jointly under the aegis of the King Edward's Hospital Fund for London. It is an independent, non-profit organization, managed by a council democratically composed of representatives of the members and of participating employers; and the council acts as grantee and trustee for members and employers alike. It is not a fund but uses the medium of insurance with the co-operation of some 17 insurance companies, which from time to time have been admitted to its panel; and there is no reason why other companies, including Canadian insurance companies, should not be added in the future. Each policy is effected by the Scheme itself as trustee, for the benefit of the member named (and of his or her dependants). The policies are subject to uniform conditions which have been specially drawn, and in important respects are more favourable than those normally available under private insurance.

There are two principal rules of the Federated Scheme. One is that once admitted as a member, the individual remains in membership so long as he or she is engaged in any form of service connected with the provision or promotion of health services, including prevention, aftercare and welfare. The other is that benefits are payable only on retirement or death, but there is no restriction coupling retirement with the attainment of some minimum specified age. This is a very important provision if it is borne in mind that, in Great Britain at any rate, by far the larger proportion of nurses retire from nursing before attaining (say) age 55.

The effect of the first of the above mentioned two rules is that benefit already earned by contributions made under the Federated Scheme is in no way lost on account of change of employment.

But the Federated Scheme does more than merely safeguard benefits which its members have earned by their own and their employers' contributions under it irrespective of change of employment, as the following example shows. When the hospitals in Great Britain were nationalized by Acts of Parliament in 1948, these Acts included Regulations which set up a Central Superannuation Scheme applying to those employed in the National Health Service. These Regulations contained in addition two important provisions. One of these enables Federated Scheme members to preserve continuity in building up their Federated Scheme benefits (as an alternative to the Central Superannuation Scheme) whilst employed in the National Health Service. The other enables anyone who was contributing under the Central Superannuation Scheme, and who leaves the National Health Service for any other employment eligible under Federated Scheme rules, to apply for the full benefit earned in the National Health Service to be transferred on their behalf to the Federated Scheme. Arrangements of a similar kind have also been made by Parliamentary Regulations in respect of nurses and others employed in Local Government Services in Great Britain.

The importance of these arrangements will be progressive, because in the course of time all nurses in Great Britain will obtain their training in the National Health Service and will, in the first place, earn superannuation benefit under the Central Superannuation Scheme. Therefore the arrangements, which at present only apply to the majority, will ultimately apply to all nurses leaving the National Health Service for any other employment either in the British Isles or anywhere else in the world.

The position of nurses and other health workers has received first mention because the Federated Scheme admittedly was primarily designed to secure the interests of its members. But if their superannuation is to be satisfactorily assured, the goodwill of the employer is an indispensable attribute.

The employer can provide contributions in addition to those made by the nurse, medical ancillary, et cetera, without officially "participating" in the the Scheme. There is however an im-

(Concluded on page 114)

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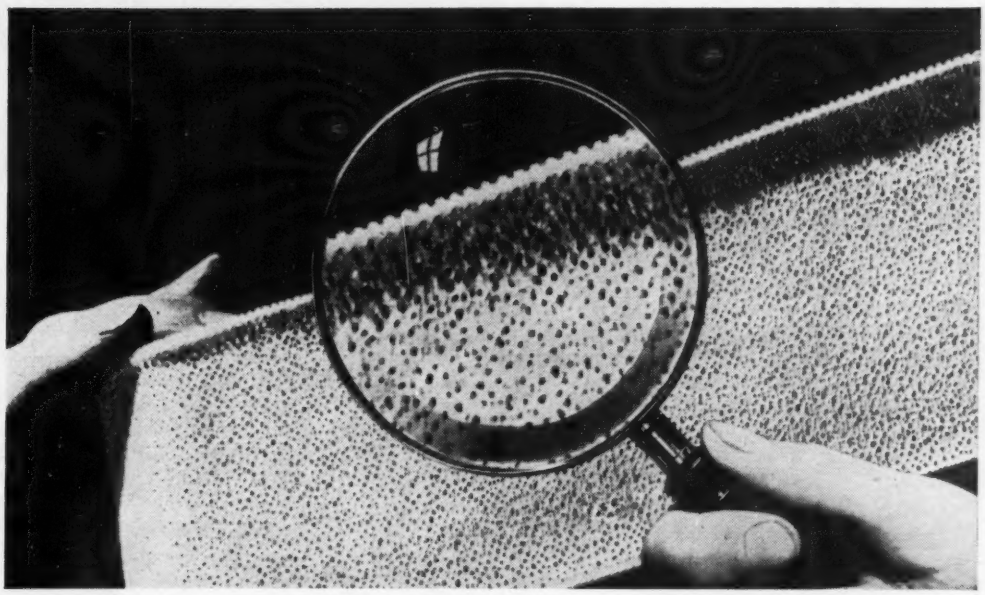

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Superannuation Scheme

For Hospital and Health Workers

J. P. Wetenhall, O.B.E.
General Manager
Federated Superannuation Scheme
Banstead, Surrey,
England.

THE PURPOSE of this article is to outline to Canadian hospitals a program wherein a large group of hospitals in Great Britain combined to develop a sound superannuation or pension plan which, by virtue of its special features, has a greater appeal both to the hospitals concerned and to their employees than individual plans (see page 104).

Basic Requirements

At the outset the hospitals agreed with the organizations representing nurses and hospital officers that there were certain basic requirements essential to the plan if this were to serve the best interests of the hospitals and their employees alike. Briefly these basic requirements are as follows.

1. An occupational, rather than a "one employer", type of pension plan because of the well known trend (especially, but not exclusively, in the case of nurses) for hospital staffs to change their employment from time to time in order to secure promotion or to gain added experience in their various spheres. One might add that an occupational plan enables the smaller hospital to gain the benefit of appointing more experienced staff from larger ones. For this reason it was found necessary to discard the principle that the primary object of a pension plan is to retain the service of the employee until he or she reaches an advanced age and, on the contrary, to provide that on change of employment the employee suffers no loss of pension benefit already earned.

2. The desirability of providing for alternative forms of benefit appropriate to men and others with family responsibilities, as contrasted with benefit more appropriate to unmarried women without such ties.

3. The need for sufficiently flexible rules during the member's career, together with adequate discretion as to the application of the benefits when these become payable, so that they may best be disposed to meet the widely differing circumstances and best interests of the individual employee.

4. These three requirements may be summarizd in terms of continuity, transferability, and flexibility. These main features were deliberately incorporated in the Federated Scheme for Nurses and Hospital Officers to ensure that it would meet the various and specialized requirements for which it was established.

The broad structure of the Federated Scheme in these and other respects was summarized in the synopsis of some suggestions that were put forward at the Biennial Meeting of the Canadian Hospital Association in May last (see page 104).

The Operation of the Scheme

Contributions

These are based on salary (plus living-in allowance if resident). In the United Kingdom the member contributes 5% and the employer 10%; but overseas these amounts and proportions can be varied by agreement between the employer and the Federated Scheme, provided that the employer contribution is not less than the employee's. It has to be borne in mind that benefits secured on "money purchase" will necessarily depend on the amount that has been put in and is therefore available for this purpose.

These contributions, which can be paid in dollars, are applied quarterly as premium payments on policies effected as follows.

Policies

A Federated Scheme policy is effected, in the name of the Scheme as Trustee and Grantee, in respect of each member individually, with one of the insurance companies on the Scheme's panel. Additional policies are similarly effected from time to time as increases in salary occur.

It is at this point that account is taken of the differing requirements of those with family responsibilities who normally desire protection against the risk of premature death, by contrast with those having no such ties. This is done by giving the member the choice not only of the insurance company but also of the type of policy to be effected. This choice is between the endowment assurance policy which guarantees payment of a capital sum in the event of premature death whilst in service, and the deferred annuity policy which provides in effect a return of the premiums paid plus interest.

In the event of the member remaining at work until either type of policy has run its term, the member is enabled on retirement to choose between a single cash payment or a pension (or parts of each), irrespective of which type of policy was originally chosen.

Insurance Companies

The Federated Scheme's panel at present comprises sixteen British companies, many of which have branches in Canada, and an Irish company. Admission to this panel is at the discretion of the Scheme; and Canadian companies could therefore be admitted if desired.

All policies are written on specially negotiated and uniform conditions which have been designed to provide for various contingencies—such as premature retirement—which are of particular importance to nurses and other women health service workers.

Transferability of benefits

Preservation of benefits on change of employment is not confined to benefits earned within one particular plan. For example, reference was made in the synopsis to the way in which, in the United Kingdom, the benefit earned under other pension plans, such as those for State and municipal health services, are by legislation transferable to the Federated Scheme. This point is relevant in any consideration of the position in Canada.

Benefits

It is of imporiance that Federated Scheme rules do not make the receipt of benefit dependent on attainment of some specified minimum retiral age; but they do give the employer a safeguard in the earlier years of membership during which, if retirement occurs, the employer contributions are refundable. That this safeguard is not a nominal one is shown by the fact

(Continued on page 140)

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◀ Provincial Notes ▶

Newfoundland

NORTHWEST RIVER. Labrador's new International Grenfell Mission Hospital was opened in July and replaces the 16-bed hospital which previously served the area. The institution has a 30-bed capacity.

Nova Scotia

HALIFAX. Work began in August on the new wing of the Salvation Army's Grace Maternity Hospital. The $500,000 addition will provide 37 beds, as well as badly needed operating rooms, nurseries and classrooms. Part of the cost of the wing will be covered by the Army's recent Halifax Capital Campaign which took in over $200,000.

New Brunswick

CAMPBELLTON. Work has started on the expansion project at the Provincial Hospital which will increase the institution's capacity from 210 to 600 beds. The two wings are scheduled for completion sometime in 1957 and are part of a long-range program which will eventually provide accommodation for 1200 patients. The hospital, which was opened last June, is filled to capacity at present. Cost of construction of the two wings is $2,398,448. Besides the additional wards, space for a branch of the provincial laboratory, an auditorium, and an administration section will also be provided.

* * * *

CHATHAM. A new wing to the Hotel Dieu de St. Joseph, which will increase bed capacity to 95, is now in the planning stage. It will also provide space for an out-patient department and dietary, paediatric and surgical departments. Construction on the addition is expected to begin early next spring.

MONCTON. Two telephone-equipped ambulances which provide space for four patients and allow room for a patient to sit up were purchased recently by the Moncton Hospital. The communications system, which has a range of about 30 miles, makes it possible for the ambulance to be re-routed before returning to the hospital and also allows the driver to call for additional help, if needed.

* * * *

SAINT JOHN. A new nurses' residence at the Saint John General Hospital, part of the hospital's current $4,000,000 expansion program, is now under construction. The $740,000 building is scheduled for opening in March of next year. A contract has also been awarded for construction of kitchen and laundry facilities, an underpass, a tunnel and roadways, which will cost over $899,000.

* * * *

SAINT JOHN. A contract amounting to $2,363,883 was awarded recently for construction of the new St. Joseph's Hospital. The total cost of the 200-bed institution will be about $3,000,000. Completion of the structure is expected early in 1957, at which time the present main building will become a combined nurses' residence and nursing school. The bed capacity of the new St. Joseph's will be more than double that of the old hospital.

Quebec

ROBERVAL. The Hotel-Dieu St-Michel recently opened its new paediatric department, which occupies the whole fourth floor of the hospital's west wing. The new service is completely isolated from the others in order to ensure quiet for the patients.

* * * *

SEPT-ILES. The Iron Ore Company of Canada has donated the sum of $100,000 towards construction of a new hospital here. The hospital will have a bed capacity of about 75. Sept-Iles has at present only a small outpost hospital.

Ontario

BOWMANVILLE. Bowmanville Memorial Hospital will spend $15,000 this year on new equipment, including a $12,000 x-ray machine of the latest type. A pressing unit, an infra-red lamp, and an oxygen tent are among the other items to be purchased.

* * * *

BRANTFORD. The new St. Joseph's General Hospital was completed and opened recently. Erected at a total cost of nearly $3,000,000, the institution has a capacity of 130 beds and 38 bassinets. Possible expansion to 160 beds has been provided for.

* * * *

DRYDEN. Work began in July on the Dryden District General Hospital's expansion project which will add 58 beds and certain auxiliary services to the hospital's present facilities. Besides the new hospital building, a residence with accommodation for 21 nurses is also being erected. Construction costs for the two buildings total $529,100. The architects are Smith, Carter, and Katelnikoff of Winnipeg.

* * * *

GALT. A 45-bed extension to South Waterloo Memorial Hospital is nearing completion. The hospital now has a 172-bed capacity.

* * * *

HANOVER. A new 34-bed wing at Hanover Memorial Hospital is now under construction and will be completed soon. Wards for chronic patients, an obstetrical department, and kitchen and laundry facilities are to be housed in the addition. The architect is L. G. Bridgman, London. After completion of the project, renovations will be made in the old building.

* * * *

LONDON. Alterations begun recently at Victoria Hospital initiated a long-range program for remodeling the entire institution. The present changes are being made in three wards, and, when completed, will allow conversion of the structure into a surgery building.

(Continued on page 110)

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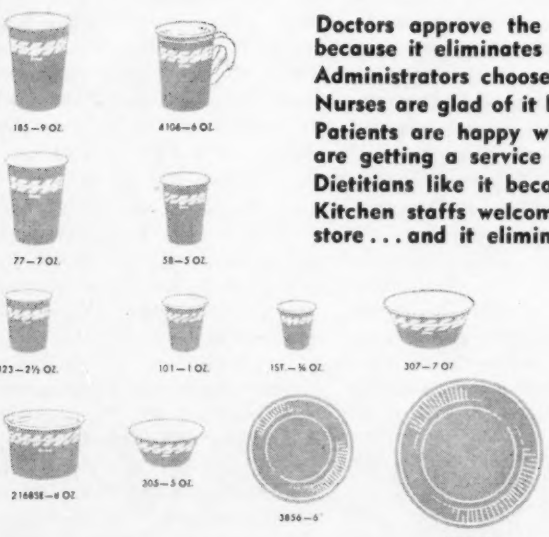

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Provincial Notes

(Continued from page 108)

OAKVILLE. The cornerstone was laid recently for the new addition to Oakville-Trafalgar Memorial Hospital which will add 125 beds to the hospital's present capacity. The $1,767,000 addition is expected to be completed in the spring of 1956.

* * * *

OSHAWA. The cornerstone of the new wing of the Oshawa General Hospital was laid officially in Septemer by the provincial minister of health, Hon. Mackinnon Phillips, M.D. Included in the addition are 130 patient beds, a new x-ray department, operating rooms, offices, an emergency department, and other facilities. The first and second floors are to be built on the double corridor plan. The wing is expected to be completed by September, 1956.

* * * *

ST. THOMAS. Conversion of the old Memorial Hospital into a chronic patients' unit is now nearing completion. The total cost of the project is about $158,400. The Memorial Hospital was replaced last year by the 285-bed St. Thomas-Elgin General Hospital.

* * * *

WINCHESTER. A contract has been awarded for the building of an extension to Winchester and District Memorial Hospital. The addition, which will cost about $37,500, is being constructed to provide more administrative office space and room for other facilities which are presently curtailed because of the new blood bank which recently went into operation.

* * * *

WINDSOR. The cornerstone of the new psychiatric wing of the Metropolitan General Hospital was laid recently, with the Hon. Paul Martin, federal minister of health, officiating at the opening ceremonies. The 30-bed wing will cost about $350,000.

Manitoba

DELORAINE. The new $175,000 Deloraine Memorial Hospital was completed and opened recently. The new institution, which was equipped and furnished through the donations of individuals and local organizations, has an 18-bed capacity. All of the hospital's services are located on one floor. The structure replaces the old Deloraine Hospital which may be converted into a senior citizens' home.

* * * *

EMERSON. The new 10-bed Emerson Medical Nursing Unit was officially opened last August and cheques totalling $3,796 were presented to the hospital board by the Manitoba Pool Elevator Association and the Manitoba Brewers and Hotel Keepers Association. Total cost of the unit, including furnishings, is estimated at $65,000. The structure was formerly a customs building which was enlarged and renovated to provide the present hospital.

* * * *

PORTAGE LA PRAIRIE. Construction has begun on the new 90-bed hospital which will replace the old Portage District Hospital. It will provide space for 25 bassinets and 16 nurses' beds, as well as laboratory and x-ray departments. Completion of the structure is expected by June, 1956. The old hospital has been condemned because of age and deterioration.

Saskatchewan

ESTON. The new 24-bed Eston Union Hospital was opened officially in August. The architects for the structure, which was built at a cost of $585,000, were Webster and Gilbert, Saskatoon. The first permanent hospital in Eston, a ten-bed institution, was built in 1918 and plans were under way for a new hospital when the old structure was destroyed by fire in 1952. The Eston Memorial Hall was immediately converted into an emergency hospital which served the community for two and a half years, until replaced by the new hospital which is situated on the same site as the original.

* * * *

HUMBOLDT. The new St. Elizabeth's Hospital, constructed at a cost of $850,000, was completed and opened in September. It has a 75-bed capacity and replaces the old 69-bed institution which was built in 1911.

* * * *

PRINCE ALBERT. Construction began in mid-summer on a second storey to the children's wing of the Victoria Municipal Hospital and it was expected that the shell would be completed sometime in September. Cost of the addition, which includes physiotherapy and laboratory facilities, was $12,500.

* * * *

WEYBURN. Now nearing completion is a new wing for tuberculosis patients at the Saskatchewan Hospital. The 40-bed addition will bring the hospital's capacity for mental patients with tuberculosis up to 100. The small building which has been housing such patients is badly overcrowded.

Alberta

ATHABASCA. Athabasca Municipal Hospital recently awarded a contract for construction of an addition to the nurses' home. The building will accommodate ten staff members. The contract price of the structure is $21,500, and completion is expected by the end of this year.

* * * *

CALGARY. Calgary General Hospital's new $1,800,000 nurses' residence and school is nearing completion; and a part of the F-shaped building which contains the auditorium has already been opened. The ten-storey structure contains 310 single rooms, laboratories, a chapel, lecture rooms, library, and other facilities. A large sunken lounge is one of its most luxurious features. It is hoped that at least some of the residence rooms will be open for student nurses by Christmas.

* * * *

CALGARY. The new $3,000,000 wing to the Colonel Belcher Hospital may be completed sooner than expected due to last winter's favourable weather, it was reported recently. Early summer of next year is the time now scheduled for completion of the project. The hospital's bed capacity will be 450, an increase of 150 over the present capacity. More office space, larger outpatient facilities, a new x-ray room and improved canteen facilities are among the improvements which the new wing will provide.

* * * *

EDMONTON. The new $760,000 wing of the Misericordia Hospital was completed and opened in August, adding

(Concluded on page 116)

Notes on Federal Grants

Construction

A grant of $34,053 has been awarded to Tobique Valley Hospital, Plaster Rock, N.B., to asist with a new building project. When completed the new project will provide accommodation for 22 active treatment beds, 2 labour beds, six bassinets in cubicles, 12 nurses' beds, as well as an outpatient and x-ray department. The hospital serves a population of 6,000 in the Plaster Rock district. The new building is scheduled for completion in July, 1956, and will replace temporary quarters which have been used since the original hospital burned in September, 1954.

The new Portage District Hospital, Portage la Prairie, Man., has been allotted a federal health grant of $114,820. The money will be used to assist in the construction of the new hospital, which will provide accommodation for 90 patients, plus 25 bassinets, as well as bed space for 16 nurses. Space will also be provided for laboratory and x-ray departments. The new hospital, which will have a stucco and brick exterior finish, will replace the present Portage General Hospital. Scheduled for completion in June, 1956, the new Portage District Hospital will serve some 16,000 people in the surrounding area.

Another grant goes to the province of Manitoba to assist in the construction of a new health centre at Glenboro in the southwestern part of the province. Serving an area of some 280 square miles, the new health centre will provide accommodation of 11 patients' beds and seven bassinets, with provisions being made for quarters for the nurses, and offices for local physicians and public health personnel. The grant will be $21,820.

A grant of $60,000 to the Saskatchewan Hospital at Weyburn, will help to provide an extension to the hospital which will provide accommodation for patients suffering from tuberculosis. The new wing, of brick and concrete construction, will have accommodatoin for 40 patients.

In Saskatchewan, a grant of $8,000 has been awarded to the Hôpital Notre Dame de l'Assomption, Zenon Park, to help provide for eight hospital beds and related facilities. The hospital provides services for a population of 2,300 in Zenon Park and surrounding areas.

Mental Health

A mental health grant of $5,155 has been awarded to British Columbia to help organize a course of training in mental hygiene for senior school counsellors in the Metropolitan Vancouver area. A group of experienced and practising school health counsellors will be selected for the course and given training for four hours a day, five days a week, during the year. The training will consist of lectures, visits to clinics, and supervised practical experience. The course will be under the supervision and control of Vancouver's Metropolitan Health Committee in co-operation with the provincial health service.

Nova Scotia has been awarded a federal mental health grant of $14,167 to assist in establishing a new community mental health clinic to be known as the Fundy Mental Health Clinic. Administration of the clinic will be undertaken by the Acadia Institute, an organization representing Acadia University, the local mental hygiene society, the local community, and the provincial Department of Health. Headquarters of the clinic will be in one of the university buildings at Wolfville, but members of the clinic's staff will provide service to other centres in the Fundy Health Division. The federal grant, which is for an experimental three-year period, will assist with the salaries of the staff and the purchase of technical equipment. When fully organized, the professional staff will include a psychiatrist, a psychologist, and a psychiatric social worker. The new clinic will serve the counties of Hants, Kings, and Annapolis, with a population of more than 67,000.

Professional Training

Eight nurses from Alberta have received national health bursaries for a combined course in public health nursing and teaching and supervision at the University of Alberta, Edmonton. The one-year course, which began in September, will enable the graduates to provide leadership in the improvement of patient care and in public health nursing.

A public health bursary has also been awarded to a resident of Alberta to help provide for a course in teaching and supervision in medical-surgical nursing. The bursary goes to a nurse from Gull Lake who, on completion of her course at McGill University, Montreal, will become an instructor at the School of Nursing, Medicine Hat General Hospital, Medicine Hat, Alta.

Research

New Brunswick has been awarded a public health research grant of $6,841 toward a year's study of future nursing practices in that province. Two of the major problems to be studied are ways of improving the quality of service through the development of a highly skilled professional nurse and ways of offering a form of nursing education more likely to compete favourably with other types of professional education for young women. The project, sponsored by the University of New Brunswick, will be conducted by Dr. E. Kathleen Russell, formerly director of the School of Nursing, University of Toronto.

Research work aimed at the development of improved bacteriological methods for detecting the tubercle bacillus will be carried on at the Mountain Sanatorium, Hamilton, Ont., with the aid of a federal health grant. The purpose of the project is to determine the sensitivity of newly-described cultural techniques for the tubercle bacillus by comparison with results presently obtained by standard procedures. With existing techniques a significant percentage of cases of tuberculosis in sanatoria are never proved bacteriologically through the finding of the tubercle bacillus. It is hoped that the research will produce new procedures which will reduce or eliminate this undetermined percentage. The grant will provide for the services of two laboratory technicians and equipment needed.

The University of Ottawa has been awarded a federal grant of $10,250 to carry on research studies concerning

(Concluded on page 136)

Medical Point of View

(Concluded from page 47)

Also, a very high standard of sterilizing technique is obtained.

Laboratories

The laboratories are situated in the connecting wing. The main biochemical laboratory is on the 7th floor. The rooms have been built on traditional lines. Patients do not visit these laboratories. Specimens are taken from in-patients by technicians visiting the wards while out-patients attend the test centre on the 6th floor. This test centre is a series of small examining rooms where a battery of tests can be carried out on the ambulant patients quickly and with a minimum of inconvenience.

The pathology and bacteriology laboratories are on the 3rd floor and are supplied with suitable cold storage areas for vaccines. On the back corridor leading to the power house are the animal houses. Sufficient space has been allocated for the storage of microscopes and microscopic specimens essential in a teaching hospital. The morgue area has its own exit door in a secluded part of the parking area.

Radiology Department

This department occupies the whole 5th floor and has attached to it, but not under its control, the cystoscopic rooms, cardio-respiratory centre and the electroencephalography department —departments which frequently require the use of radiological equipment. The rooms are equipped with machines which will cover the full range of radio-diagnostic and radiotherapy techniques including a Cobalt-60 unit. The fluoroscopic rooms are air-conditioned for the comfort of the patient and the radiologist.

Obstetrical Unit

This unit is situated in the in-patient wing on the 7th floor. It has 43 beds and 50 bassinets, 2 delivery rooms and 4 labour beds. The nursery, which is cubicilized, is air-conditioned, one section being set aside as a premature nursery, another section as an isolation unit.

Psychiatric Unit

The Pine Avenue wing of the 4th floor has been set aside for psychiatric patients, both in-patients, out-patients and Day and Night Centre patients. It is equipped with a large occupational therapy unit—an important part of modern psychiatric therapy. (See page 60).

The Out-Patient Department

This department occupies two floors with a surgical O.P.D. and casualty department on the first floor and a medical O.P.D. and specialty clinics on the 2nd floor. The casualty department is separated from the surgical O.P.D. and is maintained on a full 24-hour basis. It is within easy access of the ambulance entrance. All emergency rooms are equipped with oxygen and suction and adjacent to these rooms are two emergency theatres for minor and emergency surgical procedures.

These briefly are some of the features of the new Montreal General Hospital, constructed in the short space of three and a half years and born of the co-operative effort of architects, engineers, Board of Governors, and medical and administrative staff—an edifice which will be worthy for the teaching of medicine and healing of the sick for many years to come.

Superannuation Scheme

(Concluded from page 104)

portant safeguard which applies to "participating" employers only. This safeguard is that if the member retires before the stipulated period of Scheme membership has been completed (this ranges from five years for a fully qualified nurse or midwife up to ten years for other classes of members), the member is entitled only to the benefit of his or her contributions, and the participating employer is assured of a return of his contributions—subject only in both cases to a small deduction to cover necessary administrative expenses.

Thus it will be seen that while affording protection for the employers, the Scheme fulfills its function of enabling nurses and other members freedom of movement on a world-wide basis. This was deliberately planned in the knowledge that nurses especially are in the habit of moving fairly frequently from one employment to another in the ordinary course of events for reasons which are wholly justifiable. These include a change of outlook; the enrichment of their professional experience in the various forms and branches of nursing (including private practice) in their own and other countries; and of course also for promotion.

The amount of the employee and employer contributions can by arrangement be the same as would otherwise be made under the employer's own scheme, or can be in such other proportions as may be agreed with the Scheme.

The participating employer undertakes at least to continue employer contributions under the Scheme in respect of any Scheme member who enters his employ.

In this connection it is of particular and topical interest to mention that the Department of Health, Newfoundland, has quite recently agreed to "participate" in the Scheme for the express purpose of maintaining continuity of superannuation benefit and rights for any members of the Scheme who enter the Department's employ.

Thus participation can be limited to nurses and medical ancillaries coming from the British Isles who are already Scheme members. But membership of the Scheme is not in itself restricted to British nurses. The participating employer can, if he wishes, agree to admit other eligible personnel to Federated Scheme membership; but this is wholly optional. The Scheme's compass is world-wide; its principles can be adopted by hospital and other authorities anywhere; and its functions are not limited by territorial boundaries the world over. Members of the Scheme are to be found in no fewer than 36 countries at the present time.

The Federated Scheme is therefore in a pivotal position by means of interchangeability with other Schemes, and various other methods to enable its members to build up their superannuation provision through each and every stage of their career; and without this facility a very large proportion of nurses, and women in other professions associated with hospital and health work, cannot be assured of adequate resources for retirement when in due time this inevitably occurs.

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As those move easiest who have learned to dance.—*Pope*

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Making sanitation a science

Provincial Notes

(Concluded from page 110)

82 beds to the hospital's 300-bed capacity. The five-storey wing, which houses kitchen facilities, sisters' quarters, men's and children's wards and eight operating suites, was begun in December, 1953. All surgery will be done in the new building. Architects for the structure, which is operated by the Sisters of Misericorde, were Rule, Wynn and Rule of Edmonton.

* * * *

EDMONTON. Work began recently on a one million dollar addition to the nurses' home at Edmonton's University Hospital. The four-storey, two-wing structure will be needed to accommodate nurses for the hospital's new polio wing which is expected to be completed late this year. It will include classroom and teaching facilities and provide accommodation for 100 nurses.

* * * *

LETHBRIDGE. The old Galt Hospital, replaced by the new Lethbridge Municipal Hospital which opened this year, is to be converted into a home for chronic patients. The total cost of establishing the 70-bed home has been estimated at $155,000. Of this sum, over $26,000 is to be spent on redecorating and $21,900 on equipment, furnishings and supplies. The original Galt Hospital building, erected in 1891, will be torn down, and buildings constructed at a later date will be utilized in the conversion project.

* * * *

MANNING. The new 15-bed Manning Municipal Hospital was opened officially in August, replacing a United Church Hospital which had served the district for many years. Cost of the structure, which was begun late in 1954, was about $127,000.

* * * *

MONTGOMERY. A 12-cot wing has been added to the Lenora Rogers Memorial Home, a privately owned hospital for mentally-defective and bed-ridden children. The home can now accommodate 20 patients and accepts children from infancy to six years. It was opened in April of this year.

British Columbia

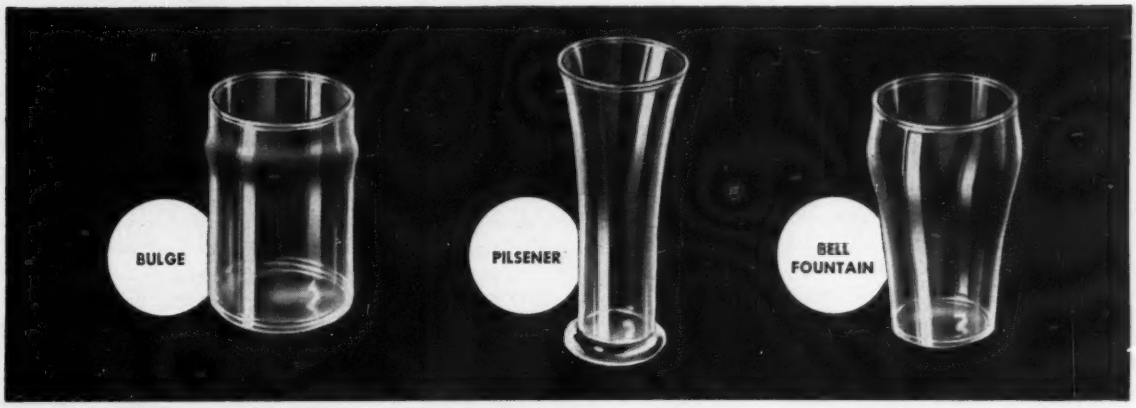
TRAIL. The Trail-Tadanac Hospital recently disclosed a deficit of $41,010, due in part to a summer slump in hospital occupancy. According to one hospital authority, it may also be the result of moving from the old hospital to the new. The new Trail-Tadanac Hospital was completed in 1954.

* * * *

VANCOUVER. Construction began recently on a new 504-bed building for acute cases at Vancouver General Hospital. The structure, which will increase the hospital's bed capacity to over 1750, is the final step in a multi-million-dollar improvement and expansion program begun in 1948. The building, originally discussed in 1928, is expected to be completed in about three years and will cost about $6,700,000. Townley and Matheson of Vancouver are the architects.

* * * *

VANCOUVER. North Vancouver General Hospital has completed plans for a 200-bed addition to the present structure. The plans provide for expansion to 400 beds as the need arises, and, pending approval by the organizations concerned, construction will go forward as soon as possible. ●



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O.H.A. Convention to Feature Many Prominent Speakers

The Hon. MacKinnon Phillips, M.D., C.M., minister of health for Ontario, will officially open the annual convention of the Ontario Hospital Association, to be held from October 24th to 26th, at the Royal York Hotel, Toronto. Dr. J. Gilbert Turner, executive director, Royal Victoria Hospital, Montreal, and president of the Canadian Hospital Association, will be the guest speaker at a luncheon on Monday. "Let's have a look at patient care" will be a topic examined by a panel of experts on Monday afternoon. On the panel will be: His Worship Lloyd D. Jackson, mayor of the city of Hamilton; W. Victor Johnson, M.D., executive director, College of General Practice of Canada; and Rt. Rev. John G. Fullerton, chairman of the advisory board, St. Joseph's Hospital, Toronto.

Kenneth B. Babcock, M.D., director, Joint Commission on Accreditation of Hospitals, Chicago, Ill., will speak on "Accreditation—the Hallmark of Hospital Service", on Tuesday afternoon. "Psychiatric Problems in Hospitals" will be discussed by D. G. McKerracher, M.D., chief of psychiatry, University Hospital, Saskatoon, Sask., and president of the Canadian Psychiatric Association.

"Your Hospital Safety Program" will be examined on Wednesday morning, by Leland J. Mamer, director of buildings, St. Luke's Hospital, New York City; while D. A. Dunlop, district fire chief, Toronto, will review "Your Hospital Fire Prevention Program". Margaret McIntyre, Reg.N., executive housekeeper, Peterborough Civic Hospital, Peterborough, Ont., will speak on "Your Housekeeping Program". Wednesday afternoon will be devoted to an audience participation session on "The Human Factor in Administration", with D. M. Graham, director of education, Village of Forest Hill Schools, Toronto, as co-ordinator.

New Society for Medical Research into Diseases of the Aging

A group of prominent doctors and laymen has contributed considerable time and effort to found an organization known as the Ontario Geriatrics Research Society. Some of the objectives of the society, as stated in the charter, are: "to engage in medical research and, in particular, to study and carry out research into the causes and prevention of disease and problems associated with aging; to establish, maintain, promote, and expand clinical, laboratory, and other facilities for research and diagnostic work". Although the society's head office is located in Toronto, it will be active throughout the province and, if needed, across the country.

There are many problems both physiological and psychological in the challenging field of research in geriatrics. At the University of Western Ontario in London, a medical research group is being supported by the society. The team is investigating a problem in psychosis and is interested in proving or disproving the growing impression among medical men that psychosis in the old age group is precipitated as frequently by disturbances in the social situation as by organic disease of the brain. Such research will be supported by the Ontario Geriatrics Research Society in direct proportion to funds available. It is planned to recruit men from business across the province to assist the fund-raising efforts of the society.

Twenty Years Ago

(The Canadian Hospital, Oct., 1935)

The eleventh annual meeting of the Maritime Conference of the Catholic Hospital Association took place at Chatham, N.B., on August 28th-30th. Topics discussed included group hospitalization, compulsory health insurance, public health, and the place of psychiatry in the basic training of the nurse. Sister Mary Peter, director of nurses at St. Martha's School of Nursing, Antigonish, N.S., presented a paper entitled "The Need of Group Hospitalization in the Maritimes". Officers for the ensuing year included: Honorary President, Most Rev. Archbishop O'Donnell, Halifax, N.S.;Spiritual Director, Rev. Dr. J. E. Burns, Halifax, N.S.; President, Sister Kerr, Hotel Dieu Hospital, Campbellton, N.B.; 1st Vice-President, Sister M. Camillus, St. Joseph's Hospital, Saint John, N.B.; Secretary-Treasurer, Sister Allain, Campbellton, N.B.

A group of delegates at a recent convention of the Union of Nova Scotia Municipalities introduced a resolution calling for an amendment to the Hospitals Act of 1925, which would make the executors, administrators or near relations of the patient responsible for hospital bills rather than the town or municipality The resolution was defeated.

At the seventh annual convention of the New Brunswick Hospital Association, held at Fredericton, the delegates went on record as being in support of a recommendation to be considered by the Union of New Brunswick Municipalities that the provincial government increase its subsidies to hospitals by making a per diem allowance per patient in place of lump sum grants. It was stated that the Union of Municipalities would consider asking the Government for a 25-cent per diem allowance.

The Saskatoon City Hospital inaugurated a campaign to educate the public regarding the hospital. A detailed program of 30 minutes duration was planned and visitors were conducted through the various departments where experienced assistants explained hospital technique.

The first general meeting of the members of the Canadian Dietetic Association was held in Toronto, September 23, for the purpose of organizing a national association. The officers were: Hon. President, Miss A. L. Laird; Hon. Vice-President, Miss B. M. Philip; President, Miss L. Richardson; President-elect, Miss R. M. Park; Vice-president, Miss K. Jeffs; Treasurer and Corresponding Secretary, Miss Jean Brown; and Recording Secretary, Miss Gwendolyn Taylor.

Miss Ella Moffatt, assistant superintendent of the Chatham Public General Hospital, Chatham, Ont., was appointed superintendent of the Galt General Hospital, Galt, Ont.

Well ahead of schedule, the building for Toronto's first convalescent hospital, that of the Sisters of St. John the Divine at Willowdale, will be ready for the laying of the cornerstone on October 18th. The Hon. Vincent Massey, chairman of the board, will officiate. The new building will receive the blessing of Rt. Rev. Derwyn Owen, Archbishop of Toronto and Primate of all Canada.

As of September 9th, nurses at Grace Hospital, Windsor, Ontario, are now working eight hours per day instead of the customary 12, which is in effect generally throughout hospitals in Ontario.

How FRIGIDAIRE REFRIGERATION serves patients and staff in the new MONTREAL GENERAL HOSPITAL

THIS FINE, new Montreal institution has entrusted to Frigidaire refrigeration, duties which touch almost every phase of the hospital's service to its patients – as well as saving time and work for a busy staff.

Naturally, Frigidaire – and Triangle Refrigeration Company, who sold and installed the equipment – are immensely proud of this installation. It is another gratifying tribute to the sureness of Frigidaire protection – its proven economy – its dependability.

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Section of kitchen showing Frigidaire Reach-In Refrigerators.

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FRIGIDAIRE EQUIPMENT IS BUILT AND BACKED BY GENERAL MOTORS

Night Treatment Centre

(Continued from page 62)

and he felt completely confident that he was cured. He actually had made a very substantial gain. He lost only two or three days from work during the whole course of treatment, demonstrating again the value of the Night Centre.

Electro-shock Therapy

A few words about electro-convulsive therapy at the Night Centre. Generally speaking, electro-shock therapy, the treatment of election for severe depression and more particularly for endogenous depressions and involutional melancholias, is given every alternate day, three times a week, the full course averaging approximately from six to ten treatments. While undergoing this form of treatment it is inadvisable for the patient to carry on with his employment. However, in a certain selected group of patients, we have found it expedient to treat depression by giving electro-shock therapy only once a week, and always on Friday night, thus not interfering with the patient's performance at work. In this group of patients we have obtained excellent results. One case that comes to my mind is that of a female patient of about 40 with an excellent record at work, who for a period of months had struggled with an ever-increasing state of despondency which at work she attempted to hide, but which had become quite noticeable to her colleagues and employers. Being of an obsessive-compulsive nature, she did her best to carry on and to hide her feelings until finally she had reached the point where she had to ask for help. When first seen she was advised to come into hospital but this she adamantly refused. She was therefore admitted to the Night Centre and given subcoma insulin therapy, because of marked loss of weight also, and on Friday night she was given electro-shock therapy. It is not uncommon for patients suffering from depression to benefit considerably from the first E.C.T., though the improvement does not last more than 24-48 hours unless further E.C.T. is given. This patient felt so much better following the first E.C.T. that by the time she reported back to work the following Monday people in the office marvelled at the change and started asking her questions, and this patient who for the previous two or three months had to make strenuous efforts to hide her despondency in the office was now driven by the need to hide her improvement, as she did not wish her colleagues and employers to know that she was under-going psychiatric treatment.

There are still, unfortunately, people who consider a psychiatric disability as a stigma and who therefore do their utmost to prevent others from knowing that they are undergoing psychiatric treatment. Treatment at a night centre becomes a solution for such cases.

Therapeutic Management

As already mentioned, most forms of therapy are available at the Night Centre. The patients report around 6:00 p.m. directly from their place of employment, go to bed for two hours for subcoma insulin therapy, have supper and then undergo individual or group psychotherapy, recreational and occupational therapy. At 10:30 p.m. they retire to bed till 7:00 a.m. when they rise, have breakfast, and report back to work. One may well wonder whether it is necessary for all patients to undergo a course of subcoma insulin therapy. Actually, apart from the physiological need in some cases, particularly in those with loss of weight, we have found this form of routine treatment at the Night Centre very useful from a psychological point of view and also advantageous from the nursing point of view. Furthermore, the patients, after a full day's work, look forward to going to bed on arrival at the Night Centre. It is not within the scope of this paper to go into detail about this form of treatment. Recently we have found it more convenient to have the patients proceed to their therapists immediately on arrival and before insulin therapy which now takes place about 7:30 p.m. until 9:00 p.m.

Group therapy is also provided for all patients, one weekly session held by the nurse in charge of the centre and one weekly session by a senior psychiatrist or by the psychiatric resident. In the beginning efforts were made to have the patients socialize and to encourage the formation of a psychological unit, but it did not take long to discover that Night Centre patients react in a different manner to that of Day Centre patients and even more so to that of in-patients. First of all, Night Centre patients are quite

(Continued on page 124)

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GOOD BUILDINGS DESERVE GOOD HARDWARE

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Night Treatment Centre

(Continued from page 122)

a heterogeneous group of people having diverse occupations, such as business men, school teachers, librarians, secretaries, typists, et cetera. Secondly, they are people who, because they are still at work, have retained their contacts and relationships with other psychological units such as their families, their colleagues at work, their friends, et cetera, and are therefore less inclined to establish new relationships. The patients reacted with indifference to group programs. As well described by Dr. Fred Lundell, resident in psychiatry who was largely responsible for the statistical work, "The general pattern at night seems to be for the patients to retire to the sunporch, relax, smoke, put their feet up, read the paper and listen to the radio. It is very likely that the pace of work, plus treatment, plus planned group activities, is too exacting. The function of reconstituting defences by predominantly physical treatment is best achieved without pursuing treatment programs beyond the natural limits of physical endurance. When one considers that at the Night Centre we have been endeavouring to institute a rather taxing program on people, this makes plain some of the reactions. For example, a not untypical day for a patient might start with rising at 6:30 a.m., breakfast at 7:00, an hour's journey to work, a busy day at work until 5:00 p.m., thence to the Night Centre, insulin at 6:00 p.m., dinner at 8:30 p.m., then some enforced activity that may be further physically and emotionally trying until 10:30 p.m., and then to bed. Permitting them to relax after treatment, chatting, reading or listening to the radio, may perhaps be an important part of reconstituting defences. Of all post-insulin activities, the above program seems to be the one all adopt and seems to be the most satisfying to the patients".

At first there was a certain amount of anxiety shown by the psychiatric staff, and more particularly the nurses, because of a feeling of failure to achieve a happy family structure. The words "socializing poorly", "not socializing well", "improvement in sociability", appeared very frequently in the nurses' weekly summaries during the first three months of the unit. Because of the indoctrination of the staff on group dynamics as described in a

(Continued on page 126)

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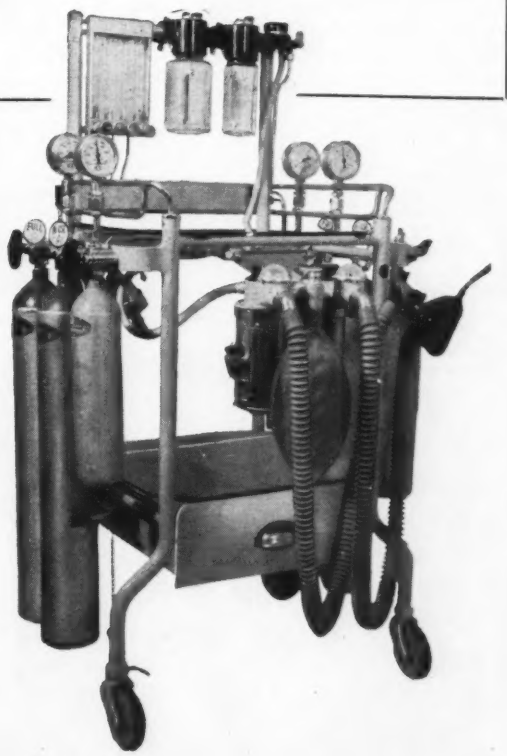

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Night Treatment Centre

(Continued from page 124)

previous publication[1], socialization had always been interpreted as evidence of improvement and the unwillingness on the part of the Night Centre patients to get integrated into a psychological unit had led to some frustration on the part of the nursing staff until the whole problem was ventilated and discussed. In January, with the acceptance of an attitude of "laissez faire" as regards evening activities and riddance of guilt on the part of the staff for not providing entertainment and therapeutically oriented programs, things settled down considerably, only movies being shown from time to time. Even these were occasionally spurned.

Psychiatric Staff

The psychiatric department of the Montreal General Hospital is an integrated whole consisting of an in-patient service (30 beds), a daily out-patient service, a day treatment unit (15 beds) and a night treatment unit (15 beds). All are situated on the same premises, namely, on the fourth floor of the newly erected Montreal General Hospital on Pine Avenue. The psychiatric staff, apart from nursing and ancillary staff, consists of a chairman of the department, six part-time senior psychiatrists, a resident, three assistant residents, and six senior interns.

When the Night Centre was first established last October at the Western Division there were only five members on the resident staff, most of them on double duty—an accomplishment for which I shall be eternally grateful. Last spring, through the welcome assistance of the dominion-provincial health grant, additional staff was obtained for the Night Centre as follows: a part-time psychiatrist, an assistant resident, an occupational therapist, a social service worker and a receptionist. The full complement now consists of the staff mentioned above plus the resident and two senior interns (all of them employed also during the day), a graduate nurse, a nursing aide, and an orderly.

It is to be pointed out that this staff takes care, not only of the Night Centre but also of a great number of patients who are seen at the centre for individual or group psychotherapy, or for E.C.T. in the evening, but who do not stay overnight.

I trust I have not given undue emphasis to physical methods of treatment, since this would be quite misleading. Indeed, if any emphasis has to be given it is on the side of psychotherapy, which still remains the most useful and most promising tool in the treatment of psychiatric disorders. However, it is also technically the most difficult one and inevitably time-consuming.

Conclusions

The functions of a night centre may be briefly summarized as follows:

(1) The main function is that of making it possible for individuals to obtain psychiatric treatment without any interruption to their employment.

(2) It facilitates the acceptance of psychiatric treatment on the part of some individuals who, for reasons other than financial, would refuse treatment in a psychiatric ward or at the Day Centre.

(3) It enables individuals to undergo psychiatric treatment without dis-

(Continued on page 128)

Night Treatment Centre

(Continued from page 126)

closing that fact except to the immediate members of their family. This is particularly helpful to men who fear that treatment for a psychiatric disorder might endanger their employment. It is significant that the distribution of sexes at the Night Centre has been almost equal, though the average stay of male patients has been about one third less than that for the female groups.

(4) The "atmosphere" at the Night Centre tends to produce much less regression than normally seen at the Day Centre and even less, obviously, than in the psychiatric ward. This is explained on the basis of (a) different selection of patients who are, generally speaking, less seriously ill and all or most of them gainfully employed during the day; (b) a looser organization with fewer demands for group integration; (c) shorter duration of treatment —the average stay has been about twenty days; (d) perhaps a more optimistic psychiatric staff encouraged by good results.

(5) In the same way as the Day Centre has proved to fulfill a very useful function in facilitating the weaning process of some patients from the psychiatric ward, the Night Centre facilitates the rehabilitation of the patient from the Day Centre back into the community and gainful employment.

Here is a case in point:

A female patient of 34 suffering from an acute anxiety state complicated by alcoholism was treated at the Day Centre. Actually the underlying process was that of long-standing schizoid traits and the history one of unstable work record and gross disturbance in her inter-personal relationships. She was unemployed at the time of admission. After a course of subcoma insulin and intensive psychotherapy, her condition improved to the point of enabling her to get a job. She was then transferred to the Night Centre to consolidate the improvement and to support her during the period of rehabilitation. After about two weeks she was discharged, quite able to fend for herself.

(6) Night treatment does not interfere with the patients' social activities, particularly since his weekends are free.

(7) The treatment is quite economical, since the hospital bed is occupied only one third of the 24 hours, and the patient's earning powers remain intact. There is one disadvantage, however, and this is that the Blue Cross does not cover hospital expenses unless the patient is "hospitalized", and neither day treatment nor night treatment fall within this category. It is hoped that some measures may be taken in the future in order to rectify this unsatisfactory situation.

This is only a preliminary report on the activities and functions of the night psychiatric treatment unit. No statistics have been put forward, since a more detailed report will be published at a future date when further experience will enable us to interpret the findings and to reach more definite conclusions. All one can say at the moment is that a night psychiatric unit in a general hospital appears to fulfill a very useful function as an added service to the community. Indeed, it makes one wonder why these

(Concluded on page 130)

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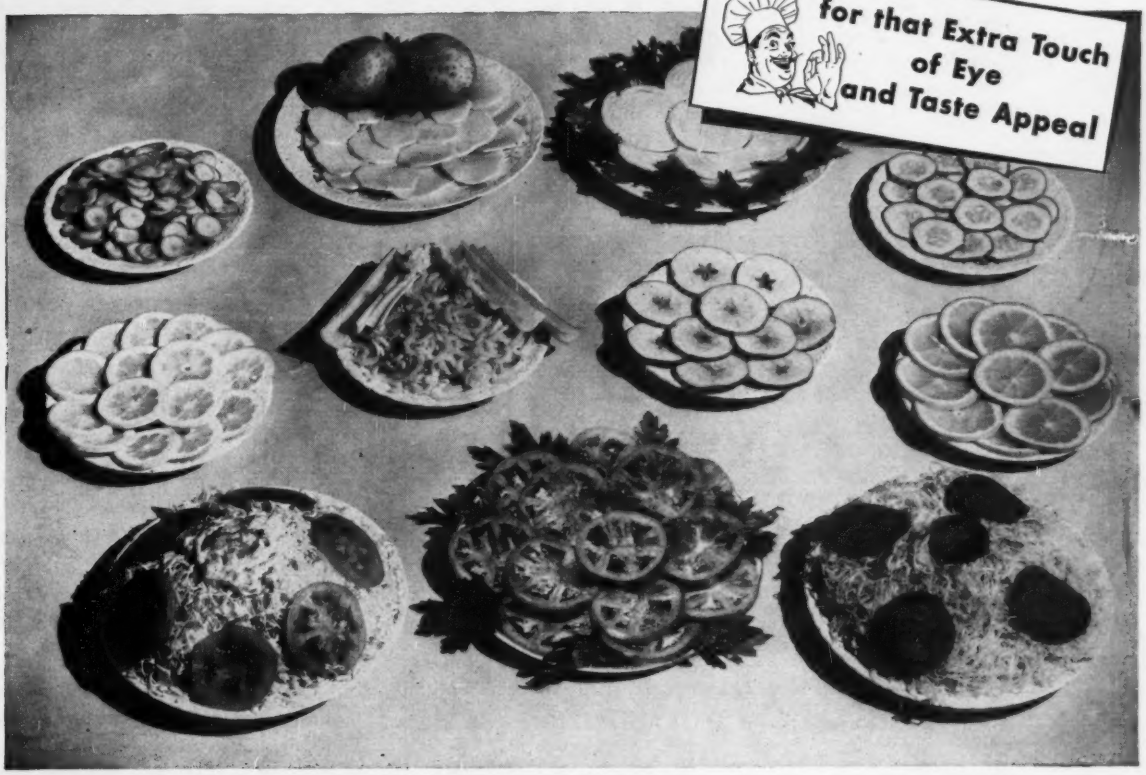

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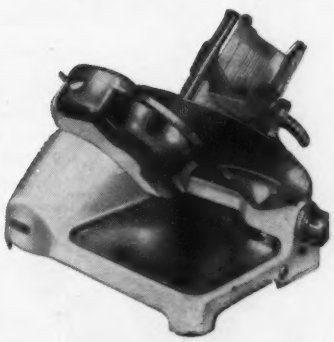

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Night Treatment Centre

(Concluded from page 128)

facilities have not been made available a long time ago, and not only in our hospital, but in others as well. It also leads one to speculate as to the feasibility of a similar service by other hospital departments.

Other Publications

(1) Therapeutic Management of a Psychiatric Ward in a General Hospital. "Canadian Medical Association Journal", December, 1954.

(2) Psychiatric Service in a General Hospital with Special Reference to a Day Treatment Unit. "American Journal of Psychiatry", Vol. 109 No. 10, April, 1953.

(3) A Psychiatric Day Treatment Unit in a General Hospital. "The Canadian Hospital", April, 1953.

Hospital Colours

(Concluded from page 96)

Canadian hospitals. "After all," she says, "colours cost no more than white paint, and are many times more effective in creating atmospheres." Colours, she feels, are a public relations technique. "It has been shown that colours do help people. Take, for instance, the person who, becoming suddenly ill, leaves the comfort of his home for the hospital. 'What is it going to be like?' he asks himself. If he finds warm colours, restful furniture and a pleasant atmosphere, he is going to feel almost at home."

Most hospital administrators will agree that there is no more valuable asset than contented patients; at the new Montreal General Hospital, colour is doing its part.

M. G. H. Tradition

(Concluded from page 102)

needs also a compassionate spirit, a graciousness of welcome to those who come in their needs, an integrity that banishes all cynicism toward the sick.

Herein lies the Montreal General's greatest tradition—the tradition that it has carried with it in its moving, bearing it reverently up the hill. It is the tradition of respect for the sick—a respect that gives dedication to the skills of healing. All who have known the old General, and those who served it as doctors and as nurses, will know how precious is the humanity that has inspired its use of science.

This beautiful modern building, whose windows will now shine out into the night like a vast beacon on the mountain, will be for the generations to come, as was the old building for generations past, a place conducted in the spirit of the fine old medical motto: "Sometimes to cure, often to relieve, always to console".

50th Anniversary for Columbia Coast Mission

The Columbia Coast Mission, (Church of England) which has operated hospitals and hospital ships along the inland waters of the British Columbia Coast, is celebrating its 50th anniversary. It was started in 1905 by the Rev. John Antle of Vancouver and formerly operated four hospitals at various points, as well as a hospital ship service. The hospitals are now leased to lay boards. The Mission is, at present, campaigning for funds to build two new ships to replace two worn-out vessels; one of these, the *Columbia*, is 45 years old and the other 31 years.

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Equipment

(Continued from page 100)

conditioned are the entire operating suite, including the recovery rooms; the delivery, labour, and preparation rooms, and the nurseries and examining rooms in the obstetrical department; the board room and the executive director's room; certain bedrooms on the 9th to the 19th floors for allergy patients; four fluoroscopic rooms; and the photography department.

A 180-ton refrigeration unit located on the fifth floor of the boiler house furnishes cold water for the cooling coils in the various air conditioning units. A cooling tower to cool the condenser water is located on the roof of the boiler house.

Separate ducts are run to each operating room, delivery room and labour room from their supply fans. Each separate duct has a re-heater installed in it, connected to a thermostat in each room, so that each room can control its own temperature.

In general acoustic insulation is installed inside of ducts near supply and exhaust fans, where required to reduce decibel ratings. The inside of all run-outs to grilles and registers and all elbows in the operating rooms, delivery rooms, and nurseries, have a coat of sound absorbing paint.

Sterlizing Equipment

The central sterilizing room contains three rectangular pressure sterilizers, one cylindrical pressure sterilizer and one dry air sterilizer all recessed in one enclosure. The room also contains two water stills. There is also a glove room adjacent, containing a glove conditioner and an automatic washer. All water is sterilized in flasks here. The water for use in the operating room is kept in flask-warming cabinets in sub-sterilizing rooms between the operating rooms.

Each sub-sterilizing room on the 7th and 8th floors has an exposed 16″ by 24″ emergency and hi-speed pressure instrument sterilizer of the cabinet type with a stainless steel housing. Each of these rooms also has a 30-gallon recessed mounted flask warmer, steam heated. The instrument clean-up room on the 8th floor contains two pressure instrument washer sterilizers. Although they are primarily used for washing instruments in bulk they can be used in an emergency as a high speed sterilizer. Sterilizers of various types are also located in the laboratories, out-patient department, emergency department, pharmacy, et cetera.

Electrical Features

Electricity is essential in whole or in part not only for lighting but for heating, vertical transportation, preparation of food, ventilation, refrigeration, fire protection, signal and communication, treatment apparatus, et cetera, without which the hospital cannot function.

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A main transformer station, located indoors near the boiler house, transforms from 12,000V to 575V 3 phase and all distribution beyond this main transformer station is at 575V. Motors and other power loads are fed directly from the 575V system while lighting and other similar loads are supplied via 575/120-208V transformer banks throughout the building. These latter

(Continued on page 134)

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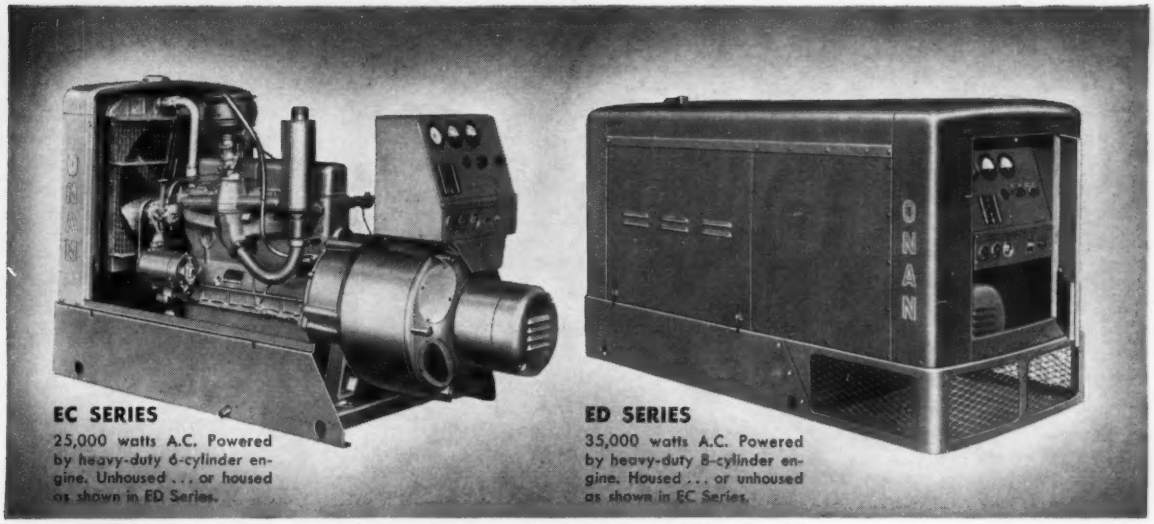

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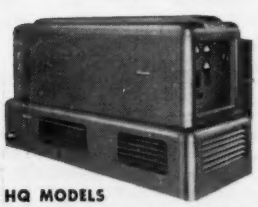

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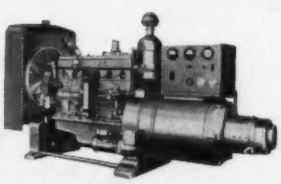

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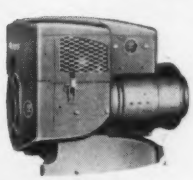

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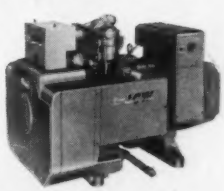

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Oct. 24-26—Ontario Hospital Association Convention, Royal York Hotel, Toronto, Ont.

Oct. 24-26—Annual Meeting of the Saskatchewan Hospital Association, Bessborough Hotel, Saskatoon, Sask.

Oct. 27-28—Annual Meeting of the Ontario Conference of the Catholic Hospital Association, St. Michael's Hospital, Toronto.

Oct. 29-31—Annual Meeting of the Canadian Association of Occupational Therapy, Toronto, Ont.

Equipment

(Continued from page 132)

transformers are dry type and hence do not require special vaulting as would be the case with high voltage or oil filled types.

To take care of complete failure of outside power two additional sources are available. Such locations as the operating rooms, where even a momentary failure is at least inconvenient, the main station battery comes into operation to provide the small but high priority requirements. This is limited to the operating rooms, partial stair lighting, boiler rooms, electric station, et cetera. To take care of the larger requirements, but not giving complete service, a diesel driven electric generator is provided which will restore more complete lighting, will permit operation of heating plant, essential ventilation requirements, and one elevator.

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(Concluded on page 136)

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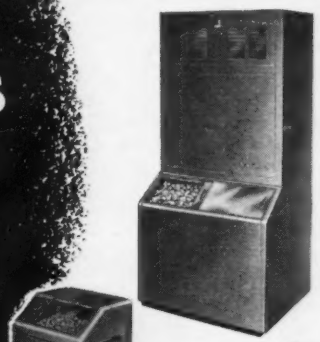
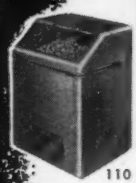


500 lbs. daily



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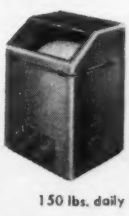


150 lbs. daily

350 lbs. daily

550 lbs. daily

1050 lbs. daily

350 lbs. daily with automatic storage

550 lbs. daily with automatic storage

Scotsman Super Cubers and Super Flakers provide the purest, most wholesome method of making ice today. Scotsman's "hospital purity" is due to the Scotsman patented ice making method. It is made automatically as you need it. No gadgets to set, no waste, no worries. A constant supply of pure, clean, fresh ice is ready at all times.

Super Cubes are actually purer than the water from which they are made. They're big, round, solid cubes that last longer. **Scotsman Super Flaked Ice** is free flowing—the finest all purpose flaked ice made. It is made with the simplest yet most dependable mechanism available. There are no blades to sharpen, no grinders to service.

Find out how any one of the 29 different models of Super Cubers and Super Flakers will actually pay for itself. Call your Scotsman dealer today or write American Gas Machine Company for complete facts.

Every SCOTSMAN Ice Machine operates on standard electrical connections.

AMERICAN GAS MACHINE COMPANY

Division of QUEEN STOVE WORKS, INC.

2210 Front Street • Albert Lea, Minnesota

Distributed in Canada by Shipley Company of Canada Limited

Toronto — Montreal

Equipment

(Concluded from page 134)

will accommodate standard two-wire plugs.

Radios are provided for all patients' beds. A central receiver with five channels is provided and each channel is wired to the bedside, a wall-mounted selector switch and an under pillow speaker are also provided. Changing the station or turning the radio off or on is controlled by merely pulling the speaker's cord.

A fire-alarm system is provided throughout the hospital proper and is tied in with those of the nurses' residence and the interns' residence. Automatic detectors are provided in storage and other areas which may be unoccupied and unsupervised over part or all of the day or night. Manually operated stations are provided on all floors. The "pulling of a box" either automatically or manually sounds a code which indicates the floor and the general location of the trouble. The signal is first transmitted to a limited number of people who have definite duties in case of fire. If the situation requires more assistance a second alarm is rung in and this alarm covers a greater area. In no case are the alarms audible to the patients.

Federal Grants

(Concluded from page 111)

lens transplantation and the action of drugs on the internal muscles of the eye, using new methods of investigation.

A grant of over $45,000 has been awarded to the Institute of Cardiology, Maisonneuve Hospital, Montreal, P.Q., to further research in heart diseases. Since 1953, the Institute has received $196,946 in federal assistance to help provide for scientific and technical equipment and for various research projects in cardiology.

A.C.S. to Rescind Approval of Hospitals

All approval of hospitals heretofore granted by the American College of Surgeons will be rescinded as of December 31, 1956. Thereafter the use of such approval in any publicity is prohibited. This action was taken by the Board of Regents at its February 19, 1955 meeting in Cleveland.

This future date was selected upon the recommendation of the Joint Commission on Accreditation of Hospitals because it requires another year to complete the survey of all the hospitals previously approved by the College; the Commission desires that College approval be continued until all hospitals approved in the past can be re-surveyed. The Commission is the only agency charged with the survey of hospitals.

Approval by the American College of Surgeons stems from late 1952 when the Joint Commission took over the College's program of hospital standardization and as part of its first list of accredited hospitals included those institutions approved by the College as of December 31 of that year but not yet surveyed by the new Commission. — *American College of Surgeons Bulletin*, May — June, 1955.

A wren builds several dummy nests so his mate can choose the one she likes best.—*Albert D. Sears*

Good Food

(Concluded from page 90)

used to give it depth and a suggestion of space, also to compensate for lack of view. The scene depicted is a small community church, homes, and hall surrounding a bay. Lovely soft shades are used in the cafeteria furnishings—pale blue formica-topped tables, chairs in rust and deeper blue with stainless steel frames. Here again pale grey trays blend with the peach-petal dishes. The grey uniform and cinnamon apron for staff are also used here.

During the prolonged hot weather of the summer, a cafeteria counter with a cold section and refrigerated pass-through storage proved most welcome. The cafeteria opens from the passageway. On entering, you pick up your tray from a portable tray stand and check the menu board. A limited selection is offered. At noon there is a choice of soup or juice, luncheon dish or sandwich, sometimes a salad, and fruit or ice cream. For dinner there is juice, main course, and choice of fruit or dessert. As you pick up your food along the counter, the refrigerated cold section is followed by bread lowerator, dessert section, ice cream cabinets, then the hot food unit (soup, meat pans, vegetables), and lastly the beverage. Cutlery may be picked up at the beginning or the end of the line and napkin dispensers are placed conveniently along the counter. There is a milk dispenser at the end of the counter for self-service but, as this proved a bottle-neck at times, another has been provided inside the cafeteria to speed up the line. Electric units placed conveniently throughout the dining room provide silexes of extra coffee. Tables are cleared by waitresses, who use portable carts to take trays to the pass-through which leads to the dishwashing area.

Ample pass-through food storage (both hot and cold) behind the counter prevents any delay in keeping up adequate food supplies; large tables at the back provide work space.

Dishwashing facilities consist of a dish scraper, automatic wash and rinse, and there is introduced through the final rinse a chemical drying agent, which ensures clean spotless china, glassware, and silver without towel drying.

The small, or employees', cafeteria mentioned is very similar, except that here the scenic wall paper is replaced by cinnamon-coloured walls and the customers carry their own tray back to the pass-through.

No special dining room facilities are provided for any group. The attending medical staff are able to have a private dining room by using folding doors, which enclose one area of the cafeteria during the noon meal. They must go through the cafeteria line up and carry their own trays, however.

After a few months in our new department, we are beginning to establish a routine. This provides opportunity by which, with planning and effort, we shall be able to maintain and improve the food standards that must be upheld in any hospital for good patient care, good staff morale, and the highest dietary principles.

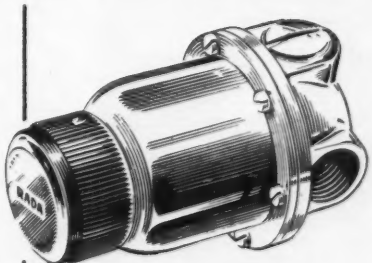
You can always spot a well-informed man—his views are the same as yours. —*Ilka Chase*

The coil that makes the shower a joy

Some bare facts

A shower is the best bath in the world. The skin glows in the surge and the rush of the pin-point spray. The bather screws up her face and squeaks with delight under the swift attack. But a shower must be under the control of a thermostat or it may turn a little too frisky. A Rada thermostatic valve will keep the temperature steady. It will iron out the hot or take the kick out of the cold. Rada thermostatic showers save heat, save water, save piping, and make the shower bath a delight without alloy.

Write for literature and full information to any of the addresses given below.



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Hospital Health Workers

(Continued from page 106)

that during the past five years there has been refunded to participating employers under this rule a sum equivalent to $1,715,000.

Since the benefits are provided by the proceeds of insurance policies, the amount is ordinarily determined by the career of the individual and the amount and incidence of the premium payments made throughout that period. If however it is desired to ensure the retirement benefit at some stated figure, or to relate it to some proportion of retiring salary, this can be done.

The benefits can be flexibly applied in the best interest of the member individually (see also under *Policies*); and where desired arrangements can also be made for a joint pension, in any proportions, for the benefit of the member and a dependent so long as either lives.

Advantages to the Hospitals

The main advantages to hospitals may be summarized as follows:

1. Each hospital can attract to its staff individuals who might otherwise hesitate to leave less desirable posts elsewhere in the field because of individual hospital plans, under which they would lose their pension benefit. Thus the hospitals benefit more under a comprehensive pension plan, which enables freedom of movement within the field without loss of benefit already earned, than under individual plans designed to retain staff.

2. The use of insurance under a comprehensive plan, as exampled by the Federated Scheme, has two important advantages:

(a) It limits the employers' liability in a way which cannot be done where the plan is based on a fund—with all its attendant difficulties of money raising, investment management and solvency.

(b) It facilitates transferability of benefit on change of employment, since the continuance of premium payments is merely transferred with the employee from one hospital to another.

3. There is considerable merit in a plan which gives the employee the choice not only of benefit and type of policy, but also the choice of a limited number of insurance companies with any one of which the policy is to be effected.

(Concluded on page 142)

Hospital Health Workers

(Concluded from page 140)

4. The hospital has the valuable safeguard that its contributions are refundable in respect of employees who retire from their professions in the early years of membership.

How the Scheme Can Be Used

The hospital can use the Federated Scheme for the benefit of its employees in either of two ways. Without "adopting" the Scheme, it can assist the individual employee in the making of contributions; but in this case, while the hospital is under no obligation, it secures no privileges. Alternatively the hospital can by legal agreement undertake to adopt the Scheme and become a "participating" employer. In this case it benefits by the safeguard of refundable contributions and undertakes to observe the rules of the Scheme.

Apart from staff employed at the time of adopting the Scheme—whose entry or non-entry into it is optional—the participating hospital undertakes to bring within the Scheme either the whole of the staff, or such categories of staff as may be agreed. Certain routine procedures are carried out on the Scheme's behalf by the participating hospital and present no difficulty. Any situation outside routine is best referred to the central office of the Scheme for advice or necessary action.

To sum up, by its nature the Federated Scheme operates on an international basis and application has been made to the Department of National Revenue for its recognition under Canadian law. Its very carefully drawn rules and expert administration are ready to hand. It follows that any Canadian hospital desiring to do so can avail itself of the facilities of the Scheme at any time, under terms which can be agreed, and thus without difficulty secure superannuation provision for its staff.

Maritime Hospital Conference Elects Officers

The 31st annual meeting of the Maritime Conference of the Catholic Hospital Association was held in Notre Dame D'Acadie Convent, Moncton, N.B., on the evening of August 24th, with Sister St. Hugh, Charlottetown, P.E.I., retiring president, in the chair. The meeting took place during a four-day institute on medico-moral problems, which was being sponsored by the conference, and the main item of business on the agenda was the election of officers.

Officers

President: Sister Kerr, Vallée Lourdes, N.B.

1st Vice-president: Sister Clarissa, Sydney, N.S.

2nd Vice-president: Sister M. Magdelen, St. John's, Nfld.

Secretary: Mother Albert, Vallée Lourdes, N.B.

Spiritual Director: Rev. J. B. Nearing, Sydney Mines, N.S.

Executive: Sister St. Hugh, Charlottetown, P.E.I.; Mother Bujold, Vallée Lourdes, N.B.; Sister Theresa Carmel, Saint John, N.B.; Sister Paul of the Cross, Antigonish, N.S.; Sister Kenny, Chatham, N.B.; Sister Mary of Calvary, Antigonish, N.S.; Sister Catherine Gerard, Halifax, N.S.; and Sister Jean Eudes, North Sydney, N.S.

Unless we think of others and do something for them, we miss one of the greatest sources of happiness.—*Ray Lyman Wilbur*

Service in Radiology

Toronto radiologist is prepared to give x-ray service to outlying hospital in Ontario. Box 1061E, The Canadian Hospital, 57 Bloor St. W., Toronto.

Medical Record Librarian

Wanted medical record librarian for 250-bed modern general hospital with extension plan. Apply Administrator, St. Mary's Hospital, Montreal, Quebec.

Position Wanted

Accountant-office manager, experience in 85-bed hospital, requires position in hospital of similar or larger size: Apply Box 1013M, The Canadian Hospital, 57 Bloor St. West, Toronto, Ontario.

Administrative Position Wanted

Several years' experience. Past four years comptroller of 300-bed hospital with extensive building programme. Canadian Hospital Association's Extension Course in Hospital Organization and Management successfully completed. Thorough understanding of Canadian hospital accounting (CHAM) capable of re-organizing accounting department. Understand fully good hospital operation. Please write to Box 912P, The Canadian Hospital, 57 Bloor St. W., Toronto, Ontario.

Administrative Personnel Placement Service

Mary A. Johnson Associates welcomes inquiries from Hospital Trustees and Administrators for assistance in locating Administrative and Department Head Level Personnel for Hospital and Medical Group positions.

Dr. Johnson is trained and experienced in Hospital Administration as well as Personnel Management and is available for Consultation of Personnel needs.

Our files contain many well qualified personnel as well as interesting openings.

We pride ourselves on careful screening of all our clients and thorough investigation of openings. Our aim: to match the applicant and the specific position.

Dr. Johnson will be at the Royal York Hotel during the Ontario Hospital Association Convention and will be happy to consult with anyone interested.

All inquiries strictly confidential.

MARY A. JOHNSON ASSOCIATES

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Mary A. Johnson, Ph.D., Director

Saskatchewan Department of Public Health Requires for Its Division of Hospital Administration and Standards A Hospital Administrative Consultant

Salary range $430.00 with automatic annual increases to $515.00 per month. Requirements—University graduation with diploma from a recognized School of Hospital Administration; some hospital administrative experience; to act as a consultant with hospital administrative personnel throughout the province. For further information and application forms please contact Personnel Officer, Provincial Health Building, Regina, Saskatchewan.

Dietitian Wanted

For 60-bed general hospital, preferably over 35 years of age and willing to supervise housekeeping. Apply stating qualifications to Superintendent, Strathroy General Hospital, Strathroy, Ontario.

Life Insurance Funds for Public Health

The sum of $50,000 has been allotted by the life insurance companies operating in Canada to provide financial support for a number of public health and medical research projects, the Canadian Life Insurance Officers Association announced recently.

The year's projects cover a wide range of activity, from a study on salivary glands at Hamilton College, Hamilton, Ont., (affiliated with McMaster University), to the continuation of a health educational program being conducted by the Newfoundland Tuberculosis Association. Other medical research projects to receive financial aid are two studies on diabetes at Queen's University, Kingston, Ont., and the continuation of a study on virus diseases at Toronto's Hospital for Sick Children. The faculty of Dentistry at the University of Toronto receives a grant to assist its Division of Dental Research.

Grants have also been made to the Canadian Diabetic Association and the newly-established College of General Practice.

The Association will also produce a French version of its popular film on artificial respiration entitled "No Time to Spare".

THE CANADIAN HOSPITAL

The Canadian Hospital is published monthly by the Canadian Hospital Association as its official journal devoted to the hospital field across Canada. The subscription rate in Canada, U.S.A., and Gt. Britain is $3.00 per year. The rate for each additional subscription to hospitals or organizations having a regular subscription (and personal subscription for individuals directly associated with them) is $1.50 per year. The rate to other countries is $3.50 per year. Single copies, when available, are supplied at 50c each.

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Please enter subscription to *The Canadian Hospital* for one year as indicated below.

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Payment enclosed $ .....

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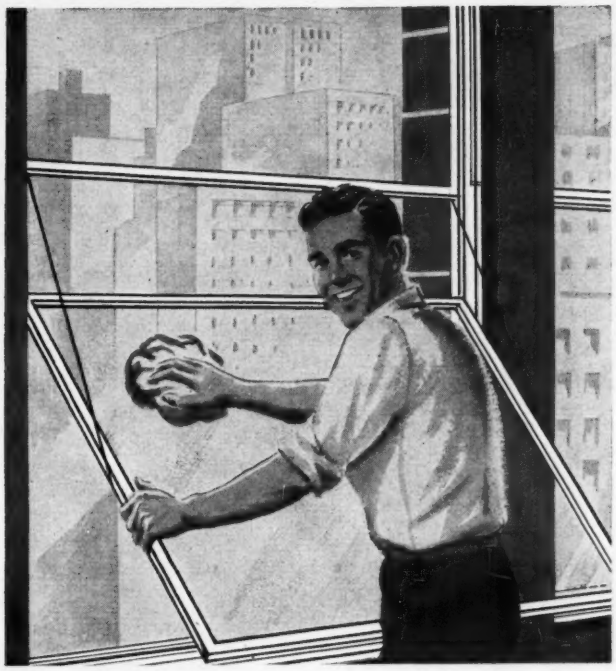
Homes for Senior Citizens

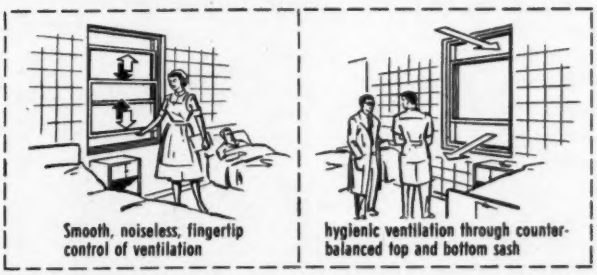
Plans for the construction of a number of self-contained units and a small hostel building for the housing of senior citizens in the Kamsack area of Saskatchewan are being made by the Kamsack chamber of commerce. Construction is expected to start this year.

Planning assistance and a grant of 20 per cent of the capital cost of construction will be provided by the provincial department of social welfare, in addition to an annual maintenance grant of $40 per unit after completion of the project.

Plans are also being made for a 25-bed hostel-type home at Carnduff, Sask., for senior citizens of that area. The project is being sponsored by the Borderline Limited Dividend Corporation, while the Town of Carnduff is donating land for the site of the home and neighbouring municipalities are also participating. Assistance from the social welfare department will be on the same basis as that for the Kamsack project, which holds for all homes for senior citizens which are operated by church, charitable, municipal or group municipal organizations.



modern hospitals wash windows from inside!



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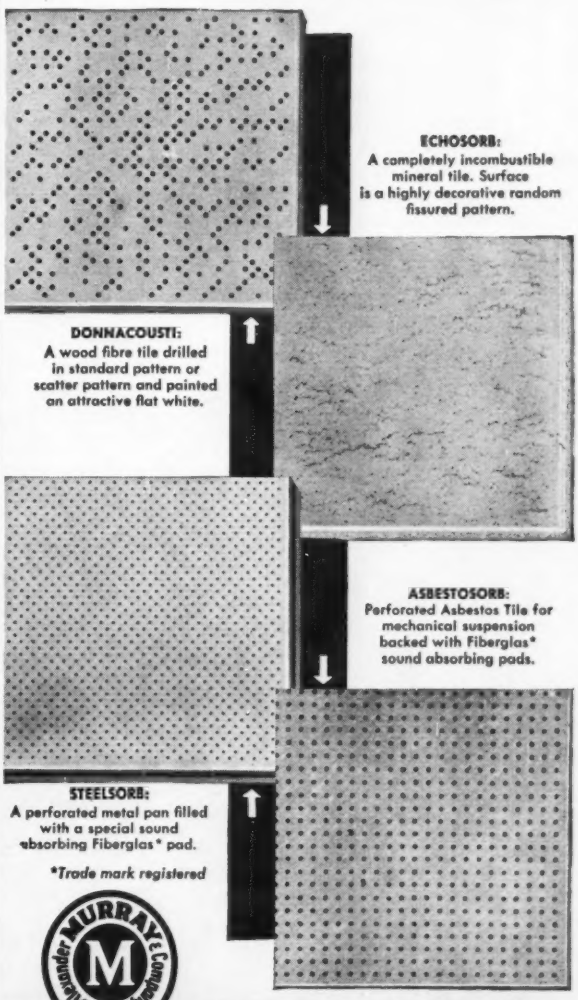

ECHOSORB: A completely incombustible mineral tile. Surface is a highly decorative random fissured pattern.

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. . . Across the Desk

News Released by Hospital Supply Houses

By C.A.E.

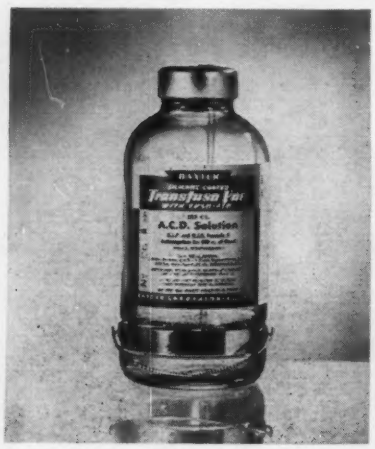
Baxter Introduces Silicone Coated Bottles

Silicone coated blood bottles, valuable in prolonging the life of an important blood component, are now commercially available for the first time, it has been announced by Baxter Laboratories of Canada Limited, Acton, Ont.

The invisible silicone on the inside of the bottle prevents blood platelets from coming in contact with the glass. Platelets are vital in the control of hemorrhage and most investigators feel that platelet life span is increased by preventing contact with glass.

Platelets serve two functions in stopping certain types of hemorrhage. They inititate blood coagulation by breaking down and liberating an enzyme which helps the blood to clot, and they plug the opening of tiny bleeding vessels.

Intact platelet transfusions are used to treat certain blood clotting disorders in which the patient has a low platelet count and prolonged bleeding time. Research has indicated that platelets are kept intact and effective for longer periods when the blood for transfusion is drawn into silicone coated bottles.



New Aerosol Product Shoos Unwanted Birds

Pigeon pestered people who are unhappy about the noise and mess birds make when they roost on window sills, drainipes and rooftops now can add a push-button aerosol product to their arsenals of "shoo away" weapons.

The new product, a gelatin compound packaged in the same type of pressurized container as the familiar instant shave cream, takes advantage of the fact that pigeons, starlings and othered feathered nuisances have very tender underpinnings. When the compound is dispensed along roosting places as a neat ribbon of foam, birds find it so disagreeable underfoot that they avoid it as they would a cat, although the manufacturer states that it does them no physical injury.

It is odourless and harmless to humans, will cling to metal, stone, wood or other building materials without staining. A short time after application it blends in with the colour of painted surfaces.

Properly applied, the bird repellent is said to be effective for a year or more, will not wash away, and is not dissipated by sunlight. It is non-flammable and is effective at all temperatures.

This product is distributed by Heldon Industries, 2013 Avenue Road, Toronto, Ont.

Smith & Nephew Limited Rrepresentatives

Mr. G. W. Walker, sales manager of Smith & Nephew Limited, announced recently the appointment of Messrs. A. L. Lavigne, R. J. Bracken and R. P. Boland as drug trade and medical service representatives.

Mr. Lavigne will augment the sales

A. L. Lavigne

R. J. Bracken

R. P. Boland

(concluded on page 150)

Across the Desk

(Concluded from page 148)

force in the Province of Quebec, whilst Mr. Bracken will represent the Company in the Province of Saskatchewan. Mr. Boland has been transferred from the Province of Quebec and will now service the Maritime Provinces and Newfoundland.

Sudden Death Of Berkel President

Gerrard Elshout, prominent industrialist, died suddenly in Western Hospital, Toronto, on Monday, August 29th. Mr. Elshout had been associated

Gerrard Elshout

with the world-wide progress of the Berkel Products Co. Limited, for nearly 50 years and latterly was president of the Canadian company which manufacturers slicing machines and other kitchen equipment.

Mr. Elshout was born in Holland, and had been connected with the company since 1908, first in Holland, then in England, and later in La Porte, Indiana. He became president of the Canadian Berkel organization in 1946 and since that time had traveled extensively across Canada on the company's business.

Clipper Laced Aprons For Laundry Flatwork Ironers

The advantages of Clipper laced aprons have long been known in Canadian laundries and institutions but for those who have not used this type of lacing the following information will prove of interest.

The Clipper lacing consists of a series of small parallel metal hooks which are applied to each end of the apron by the manufacturer. The ends are joined by inserting a single straight wire when the apron is installed on the ironer. Aprons can be changed by one man in 12 minutes or less, a great saving in time over sewn or glued joints.

The hooks are evenly spaced to accommodate any crosswise shrinkage of the apron material and allow for dissipation of heat from the ironer itself. This prevents puckering and eliminates the possibility of heat being retained by the lacing. Some types of lacing have been known to burn themselves off because of this factor.

Clipper hooks are also used for feed and return ribbons on flatwork ironers. The fine points on the hooks do not injure the fabric as a heavier lacing would. Aprons and ribbons have been found to last longer and always run straight and true with Clipper lacing.

Clipper laced aprons are available from G. A. Hardie & Company, Limited, 1093 Queen Street W., Toronto 3, Ont.

Meals On Paper

The new Dixie Matched Paper Food Service for hospitals has been instituted in the Children's Hospital, Halifax—a 200 bed pediatric hospital. Before this change was made, heavy plastic ware was used for the food service to the children, to avoid the constant fear of accident by breakage found in ordinary ware when feeding small children.

The Dixie Matched Food Service—an integrated, complete paper service for the serving of all foods and liquids —was made avaliable to the hospital, on a trial basis, and was found to be extremely satisfactory from the viewpoint of the nurses, the doctors, the dietitians and, most important, the patients. Dixie plates and cups were supplied in a very attractive pale green with a design, and supplied a colour keynote aided in coaxing difficult children to follow the proper diet.

The benefits which have been seen by this hospital are as follows:

There is less weight per tray for those who serve the food;

Every utensil is new at the time of serving and is destroyed immediately after the meal, thus breaking the chain of infection;

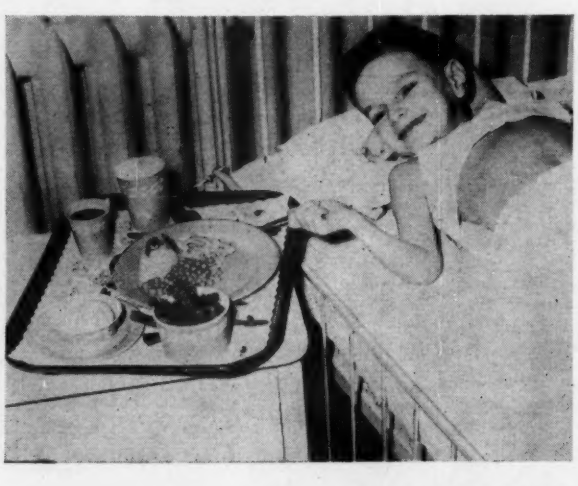
Left over food and paper containers are put in a large garbage can and immediately burned in the incinerator;

The factor of noise, due to the clattering of dishes in various kitchens, has been reduced to a minimum;

The attractiveness of the setup of the tray assisted the dietitians in their efforts to have children eat the proper foods in the proper proportions.

It was possible to reduce the labour staff due to little or no washing to be done after a meal, the two items washed now being reduced to the tray and the cutlery. Speed in cleaning up after the serving of the meal has definitely been found to be increased.

Further informaiton on Dixie Matched Paper Service may be obtained by writing to Dixie Cup Co. (Canada) Limited, Brampton, Ont.



General Manager of Metal Fabricators

The board of directors of Metal Fabricators Limited, Tillsonburg, Ont., recently announced the appointment of W. A. Pollard as general manager.

W. A. Pollard

Mr. Pollard, a graduate in engineering from Queens University, Kingston, Ont., has had many years of experience in the steel fabrication industry and for the last three years has been associated with Metal Fabricators Limited, through its parent company.

Don B. Dunn is Fogel Sales Manager in Canada

Urban L. Carter, export sales manager of the Fogel Refrigerator Company, Philadelphia, has announced the appointment of Don Bayley Dunn, A.S.R.E. as Canadian sales manager.

Mr. Dunn has been active in the Canadian commercial refrigeration industry for the past twenty years.

At Opening of New McGlashan Plant

Above is the glamorous Joan Fairfax who is seen with J. C. McGlashan at a preview of the opening of Canada's most modern silverware factory in Ottawa. Miss Fairfax, well known radio and TV start recently visited Ottawa on a tour.

Index of Advertisers

OCTOBER, 1955

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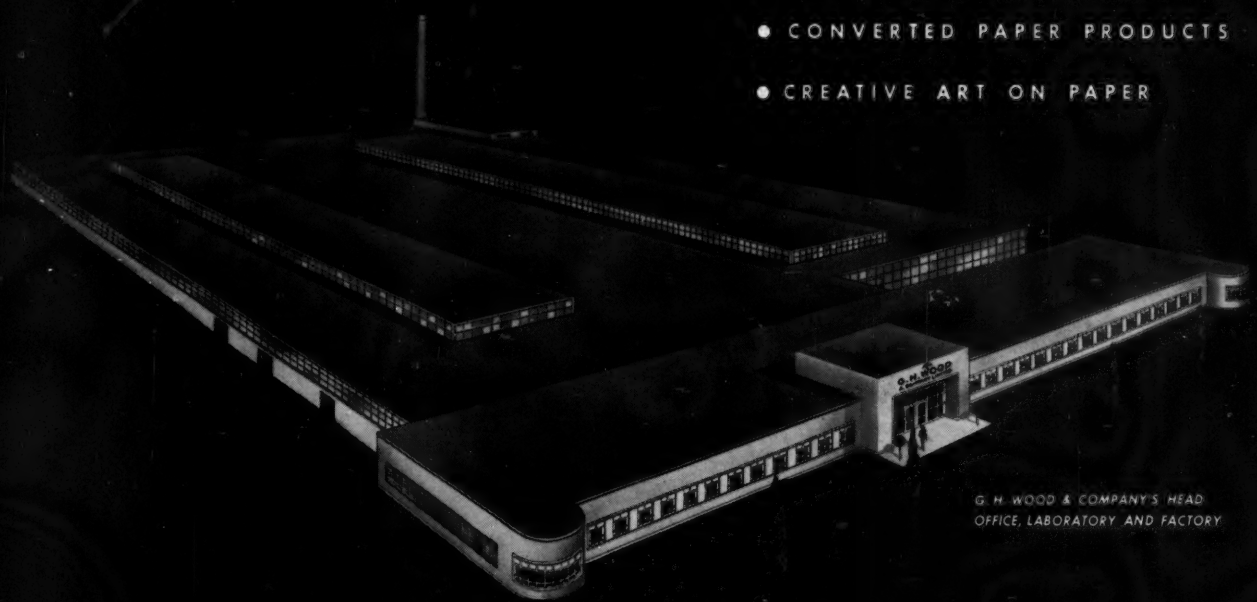

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